

PRELIMINARY APPLICATION

Child's Information (Applicant)

Child's Name: _____
First Name Middle Name Last Name

Date of birth: _____ **Gender:** Male Female

Child's Living Address: _____
City State Zip Code

Mailing Address: _____
(If different) City State Zip Code

Child's primary language: _____ **Secondary language:** _____

Child's Health Insurance:
 Medicaid CHP+ Private/Other _____ **Insurance Number:** _____ None

Child's Race:
 American Indian or Alaska Native Asian Black or African American Multi-Racial
 Native Hawaiian or Pacific Islander White Other: _____

Child's Ethnicity:
 Hispanic or Latino Non-Hispanic or Non-Latino

Health or Developmental Concerns (please check all that apply) No health or developmental concerns
 Concerns about my child's development Has a chronic medical condition
 IEP or IFSP (Diagnosed Disability) Has a severe allergy (including food)
 Speech/language Food allergy or other dietary restrictions
 Behavioral/emotional concerns Will need medication at school

Please explain all checked answers:

Location & Class Type Preferences

Preferred Location: Arvada, 5150 Allison Street Wheat Ridge, 12725 West 42nd Avenue

Please rank the program options according to your preference, with 1 being your most preferred:

_____ AM Half Day (3.5 hours)

_____ PM Half Day (3.5 hours)

_____ Full Day (6.5 hours); must also complete the Colorado Preschool Program Application

If your child is selected for the full day class, will you need extended care? Yes No

(There is tuition for the extended care program and an additional application must be completed)

We may offer transportation to and from school on a limited basis based on need and living address:

Does your child need transportation services to and from Head Start? Yes No

Parent/Legal Guardian #1

Name: _____ **Date of birth:** _____

First Name Middle Name Last Name

Gender: Male Female **Relationship to Child:** _____

Primary language: _____ **Secondary language:** _____

Email Address: _____ **Primary number:** _____

Secondary number: _____

I would like to OPT OUT of receiving text messages regarding school closures, emergencies, or upcoming events (check to opt out)

Does this person have custody of the child? Yes No 50/50 Custody

Does this person provide financial support for the child? Yes No

Does this person live with the child? Yes No

Address: _____

(if different from child) City State Zip Code

Highest level of education completed: Grade 9 or less Grade 10 Grade 11 Grade 12
 GED High School Graduate College Degree/Training Cert. College or Advanced Training
 Associate's Degree Bachelor's Degree Master's Degree (or above)

Employment Status (check all that apply):

Currently employed Full time Part time Seasonally
Currently unemployed Currently seeking employment Retired or Disabled Not Employed (stay at home)
Currently enrolled in school Full time Part time

Race: American Indian or Alaska Native Asian Black or African American Multi-Racial
 Native Hawaiian or Pacific Islander White Other: _____

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Parent/Legal Guardian #2

Name: _____ **Date of birth:** _____

First Name Middle Name Last Name

Gender: Male Female **Relationship to Child:** _____

Primary language: _____ **Secondary language:** _____

Email Address: _____ **Primary number:** _____

Secondary number: _____

I would like to OPT OUT of receiving text messages regarding school closures, emergencies, or upcoming events (check to opt out)

Does this person have custody of the child? Yes No 50/50 Custody

Does this person provide financial support for the child? Yes No

Does this person live with the child? Yes No

Address: _____

(if different from child) City State Zip Code

Highest level of education completed: Grade 9 or less Grade 10 Grade 11 Grade 12
 GED High School Graduate College Degree/Training Cert. College or Advanced Training
 Associate's Degree Bachelor's Degree Master's Degree (or above)

Employment Status (check all that apply):

Currently employed Full time Part time Seasonally
Currently unemployed Currently seeking employment Retired or Disabled Not Employed (stay at home)
Currently enrolled in school Full time Part time

Race: American Indian or Alaska Native Asian Black or African American Multi-Racial
 Native Hawaiian or Pacific Islander White Other: _____

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Family Information

Which description best fits your family? Please check only one.

- Single-parent family Two parent family Foster/Kinship

Please list any additional individuals living in your home that you financially support (Excluding the child you are applying for)

First Name	Last Name	Date of Birth	Gender	Relationship to Applicant
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Additional Services the Family Receives

SNAP WIC

Other Information

How did you hear about Head Start? (please check a box and check specific details)

- Family , friends , former Student
- Human Services (Child Support , SNAP , TANF , WIC , Workforce , Public Health , CYF , CAD , Medicaid)
- Flyers /Door Hanger /Post card
- Social Media (On-line , Head Start Website , Facebook , etc.)
- Drove by /Walk by /Walk in
- Jefferson Cty R-1 (Child Find , Speech Therapist , School , etc.)
- Community Agency (Victim Adv , Motel , JPP , Hope House , Colo Homeless , Action Center , Family tree , DDRC , etc.)
- Other (if checked, please specify details): _____

Is there anything else you would like us to know about your child or family?

Due to program regulations, Jefferson County Head Start is only able to provide services to families that reside within Jefferson County, excluding the city of Lakewood.

Jefferson County Head Start does not and shall not discriminate based race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, military status, or political beliefs in any of its activities or operations. Jefferson County Head Start is committed to providing an inclusive and welcoming environment for all members of our staff, families, volunteers, and community.

By checking this box, I electronically sign, accept and attest that the information is accurate and complete.

Parent/Guardian Digital Signature: _____ Date: _____

Parent/Guardian Digital Signature: _____ Date: _____