

## 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 42<sup>nd</sup> 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
- \_\_\_\_\_ Virtual Classroom (Online only)

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: \_\_\_\_\_