

PRELIMINARY APPLICATION

SCHOOL YEAR APPLYING FOR: **2022-2023**

Child's Information (Applicant)

Child's Name: _____ **Date of Birth:** _____

First Name Middle Name Last Name

Gender: Male Female Non-Binary Genderqueer Gender Fluid Gender Neutral Other _____

Is your family experiencing homelessness? Yes No

Homeless means lacking a fixed, regular and adequate nighttime residence. Examples include being doubled up due to economic hardship, living in a hotel, motel, car, or unsheltered.

Child's Living Address: _____
City State Zip Code

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

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

Is another language being acquired or learned at home? Yes No

Child's Health Insurance:

Medicaid CHP+ Private/Other 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

Location Preference

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

Parent/Legal Guardian #1

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

First Name Middle Name Last Name

Gender: Male Female Non-Binary Genderqueer Gender Fluid Gender Neutral Other _____

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 Shared Custody

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

Does this person live with the child? Yes No

Is this person a teen parent? 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:
 Full time (35+ hours/week) Part time & in school/training Training or school
 Full time & in school/training Retired or Disabled Unemployed
 Part time (under 35 hours/week) Seasonally Employed

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 Non-Binary Genderqueer Gender Fluid Gender Neutral Other _____

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 Shared Custody
 Does this person provide financial support for the child? Yes No
 Does this person live with the child? Yes No
 Is this person a teen parent? 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:
 Full time (35+ hours/week) Part time & in school/training Training or school
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 Part time (under 35 hours/week) Seasonally Employed

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

Is at least one parent/guardian:
 Active Duty Member of the US Military Veteran of the US Military Does not apply

Please list any additional individuals living in your home that you financially support (Excluding applicant child)

First Name	Last Name	Date of Birth	Gender	Relationship to Applicant

Additional Services the Family Receives				
	<input type="checkbox"/> SNAP	<input type="checkbox"/> WIC	<input type="checkbox"/> TANF	<input type="checkbox"/> SSI/SSDI

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.

I certify that all information provided on this form is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____