



SKAGIT/ISLANDS HEAD START

Child's Name _____

Enrollment Application

ABOUT YOUR FAMILY:

Number in family: _____
Number in household: _____

Language(s) Spoken: _____
Parents need interpreter? yes no
 One-parent household Two-parent household

Number of children 0-3 years old: _____ Number of children 4 or 5 years: _____

Is anyone in your family pregnant? yes no If so, due date? _____

Was your family referred to Head Start? yes no If so, by whom? _____

Parent/Guardian #1 _____ Child lives with this parent? yes no

Living address: _____ Mailing address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Does this parent : Attend School Work Attend a training program

Highest grade completed in school? _____ Parent Birthdate _____

Parent/Guardian #2 _____ Child lives with this parent? yes no

Living address: _____ Mailing address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Does this parent : Attend School Work Attend a training program

Highest grade completed in school? _____ Parent Birthdate _____

ABOUT YOUR CHILD:

Child's Legal Name (First, Last): _____

Date of Birth: _____

Race/Ethnicity: _____ Sex of child: female male

Primary Language: English Spanish Russian other: _____

Does your child have medical coverage? yes no What kind? _____

Has your child been in Head Start before? yes no If so, this is his/her year # 2 3

Where? _____ Receiving WIC? yes no

Is your child in childcare now? yes no If so, where? _____

ABOUT YOUR INCOME:

This is required information. Please fill out completely and sign.

What is your income source? Work TANF Child support SSI Other

Income over last 12 months or last calendar year: \$ _____

Are you currently receiving services through TANF, or have you in the past year? yes no

Parent/Guardian signature: _____ Date: _____

➔ Please fill in other side

Please provide the names and birthdates for all additional family members under the age of 18 who are living in the home.

Name	Date of Birth

Name	Date of Birth

**Enrollment priority is given to eligible families who have special needs.
Please check any circumstance you would like considered:**

<p>Child</p> <p><input type="checkbox"/> Diagnosed disability</p> <p><input type="checkbox"/> Suspected disability</p> <p><input type="checkbox"/> Behavioral concern</p> <p><input type="checkbox"/> Learning concern</p> <p><input type="checkbox"/> Medical or health concerns</p> <p><input type="checkbox"/> Dental concerns</p> <p><input type="checkbox"/> Nutritional needs</p> <p><input type="checkbox"/> Child previously enrolled in Head Start</p> <p><input type="checkbox"/> Child transferring from another HS program</p> <p><input type="checkbox"/> Child receiving special services (i.e. SPARC,IFSP,IEP,Good Beginnings)</p> <p><input type="checkbox"/> English as a second language</p> <p><input type="checkbox"/> Other (explain)</p>	<p>Family</p> <p><input type="checkbox"/> English as a second language</p> <p><input type="checkbox"/> Single parent in school or working</p> <p><input type="checkbox"/> Blended family</p> <p><input type="checkbox"/> Recent divorce/separation</p> <p><input type="checkbox"/> Medical concern</p> <p><input type="checkbox"/> Homelessness</p> <p><input type="checkbox"/> No housing or temporary housing</p> <p><input type="checkbox"/> Major family change/crisis</p> <p><input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Home safety hazards</p> <p><input type="checkbox"/> Death in family</p> <p><input type="checkbox"/> Other (explain)</p>
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In your family, is there anyone who is:

<input type="checkbox"/> pregnant	<input type="checkbox"/> teen mother	<input type="checkbox"/> 0-6 mo. infant	<input type="checkbox"/> 13-24 mo. child
<input type="checkbox"/> high risk or teen (under 18) pregnancy	<input type="checkbox"/> 7-12 mo. child	<input type="checkbox"/> 25-36 mo. child	

Please add any other concerns you have for your child or family:

Please return your application to:

Head Start / Skagit Valley College
2405 E. College Way
Mount Vernon WA 98273

Questions?
Call 360-416-7590

- If your address changes after you apply, you must let us know; otherwise your child cannot be enrolled.
- Early Head Start applications are accepted at any time throughout the year.
- If selected for enrollment, you will need to provide proof of child's birth, family income and child immunization records.

Families will be notified about fall enrollment by Aug. 31st.