



App. Rec'd. by _____ Date Rec'd. _____

CHILD INFORMATION

(C1) Child's/Participant's Legal Name (Last, Middle, First)		D.O.B.	Gender M F	
Child's Primary Language	Child's Ethnicity: (Circle one) Hispanic /Latino Not Hispanic / Not Latino	Child's Race: (Circle one) White Black /African American Asian Am. Indian/Alaska Native Native Hawaiian/ Other Pacific Islander Two or more races		

FAMILY INFORMATION

(Last, First name-must be legal guardian) A1 Primary Adult		Adult SS#	D.O.B.	Adult's Primary Language:	Primary Language of Family at Home:
Relationship to Participant:	Education Level: (last grade completed)	Diploma: Yes No	Employment Status: FT/ PT/ Unemployed-Job Training	Occupation:	
Home Address		City	State	Zip Code	County (circle one) La Paz Mohave Yuma
Mailing Address		City	State	Zip Code	Number in Family:
Phone Number(s): Home (____) _____ Message (____) _____ Work (____) _____ Cell (____) _____			Number of Children _____ By Age: 0 to 3 _____ 4 to 5 _____		
Family Status: Single Parent Two Parent	Parental Status (must be legal guardian): Biological Parent Grand Parent Foster Parent Step Parent Other _____	Marital Status: Single Married Divorced Widowed Separated	In regards to the child/participant, was either parent under the age of 20 when this child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does child have a disability and/or speech & language/ vision/hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected	Does child have a diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state diagnosis:	Does child have an IEP? (Individualized Education Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school district:			
Was child referred to Head Start by an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, by which agency:	Insurance Information: Does child have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes what kind of insurance does child have?) AHCCCS <input type="checkbox"/> Yes <input type="checkbox"/> No ID # _____ Private Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No ID # _____ Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No ID # _____				

Child's/Participant's Name: _____ **Date of Birth:** ____/____/____

Family Is Receiving: **SNAP**(Food Stamps) Yes No **SSI** Yes No **WIC** Yes No
TANF (Cash Assistance) Yes No **Child/Spouse Support** Yes No

Is your family currently living with relatives or friends, in shelters, hotels, or vehicles; or moving frequently between homes of relatives and friends? Yes No

If currently living with relatives or friends, is this arrangement temporary? Yes No

FAMILY INFORMATION

First and Last Name OTHER ADULTS (Not already listed on application)	Lives with child?	Language	DOB	Gender	Relationship to Child/Participant	Education Level (last grade completed)	Employment Status FT-PT- Unemployed-Job Training	Occupation (position held, student)
A2	Y N			M F				
A3	Y N			M F				
A4	Y N			M F				
A5	Y N			M F				

First and Last Name OTHER CHILDREN (Not already listed on application)	Language	DOB	Gender	Relationship to Child/Participant	Grade level
C2			M F		
C3			M F		
C4			M F		
C5			M F		
C6			M F		

EMERGENCY CONTACTS

In the event of a medical emergency, WACOG Head Start Staff will call 911, followed by contacting the parent/guardian. If the parent/guardian cannot be reached the people named below will be contacted and informed of the emergency.

Name: _____
Address: _____
Relationship to Child/Participant: _____
Phone Number: (_____) _____

Name: _____
Address: _____
Relationship to Child/Participant: _____
Phone Number: (_____) _____

Certification: I certify that this information is true and that I have provided **ALL INCOME** from the previous year. **If ANY part is false**, my participation in the Head Start Program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the Head Start Program and is accessible to me during normal business hours.

Parent/Guardian's Signature: _____ Date: _____