Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Gender \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Gender \_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Gender \_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Gender \_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Circle one: Home Work Cell Other Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in Home-Based \_\_\_\_\_ Part Day\_\_\_\_\_ Full Day (must work or go to school) \_\_\_\_\_\_ Can you transport your child? \_\_\_\_\_\_\_

Are you currently working?\_\_\_\_\_\_\_\_ How many hours?\_\_\_\_\_\_\_\_\_\_\_ Are you currently going to school? \_\_\_\_\_\_\_\_\_\_\_ circle one: Full time/ Part time

Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number in Household: \_\_\_\_\_\_\_\_

Do you currently receive any of the following: TANF \_\_\_\_\_ Food Stamps\_\_\_\_\_ SSI/Disability\_\_\_\_\_ Child Care Vouchers \_\_\_\_\_ WIC \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Does child currently have an IFSP/IEP?  | Are you currently pregnant?  | Do you have a permanent residence?  |
| Have experienced a recent traumatic event (death, illness, incarceration, or other traumatic events)?  | Does the child have a written Referral from CPS, Court System or LEA?  |
| Please list names of any siblings currently or previously enrolled in Head Start/Early Head Start. | Other Comments/Concerns:  |

CAPE is an equal opportunity affirmative action agency and does not discriminate in employment or service access due to race, religion, marital status, national origin, gender, age or physical disabilities.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This form will expire ONE year from the date it was submitted. To be considered for the next program year, you must complete another application.***