



# Head Start Program

Thank you for your interest in the Head Start Program.

This application does NOT guarantee placement in the Head Start Program.

You will be contacted to set up an appointment to determine eligibility.

**It is critical that the phone numbers provided are correct.**

**PLEASE PRINT**

Date of Application \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's DOB \_\_\_\_\_  
(first name) (last name)

Family Size \_\_\_\_\_ (number of family members living in the household supported by parent including applicant)

Family Income \$ \_\_\_\_\_ per year

Please check all that apply: \_\_\_ homeless \_\_\_ SSI \_\_\_ foster care \_\_\_ TANF

Child's Name (as it appears on Birth Certificate) \_\_\_\_\_  
(first) (middle) (last)

Child's DOB \_\_\_\_\_ Child's Race \_\_\_\_\_ Household's Primary Language \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female Does your child have an IEP? \_\_\_ YES \_\_\_ NO

**Please list all additional family members living in household.**

First Name _____	Last Name _____	DOB _____	Race _____
First Name _____	Last Name _____	DOB _____	Race _____
First Name _____	Last Name _____	DOB _____	Race _____
First Name _____	Last Name _____	DOB _____	Race _____

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Was your child previous enrolled in Early Head Start or Head Start? \_\_\_ YES \_\_\_ NO

If yes, what school or location \_\_\_\_\_

What Head Start location are you interested in? \_\_\_\_\_

**School Office Personnel: Please send the completed Head Start applications to the appropriate school, attn.: Head Start Family Advocate or Clearlake Education Center, attn.: Head Start Family Services Manager.**