

GCCARD Head Start Application

This application is required for all families who have children birth to 5 years old who are requesting enrollment in the GCCARD Head Start program.

Child's First Name _____ **Child's LastName** _____

I attest that this child's date of birth is ____/____/____. Parent/Guardian Signature _____

Please mark services your family receives:

- WIC
- DHHS FAP/SNAP Food Assistance
- DHHS FIP/CASH Assistance
- Supplemental Security Income (SSI)
- Social Security (SSD/SSDI)

Child's medical Insurance Type (Circle one)

Medicaid MiChild None Private: _____

Insurance ID Policy Number _____

Child lives with:

- Parent(s) Grandparent(s) Relative(s) other than Grandparents Foster parent(s)

Marital Status: Single Married Separated Divorced

Is anyone in the household currently pregnant?

- Yes No

Please list all family members living in the household. List enrolling child, then adults and finally other children in the home. Please circle any adults who are currently enrolled in an educational program.

First Name	Last Name	Relation to applying child	Gender M/F	Birthdate	Ethnicity/ Race	Last Grade Completed
		SELF				None

Contact Information:

Address: _____ Phone Number (_____) _____

City: _____ Alt. Phone Number (_____) _____

Zip Code: _____ Email _____@_____._____

School District: _____ Languages Spoken _____

Additional questions about the enrolling child:

1. Do they have a **disability** with a **current IEP or IFSP**? Yes No (If yes, please provide a copy.)
2. Does your child have any **allergies** (please check all that apply) Food Insects Seasonal Other
Please describe or list all known allergies: _____
3. Does your child have **asthma/asthma symptoms**? Yes No
If yes, please list all current prescribed medications _____
4. Do you need help establishing paternity of your child and/or obtaining child support? Yes No
5. Do you need help getting or keeping track of Department of Human Services benefits? Yes No
6. Is the parent/guardian a veteran of the United States Military? Yes No
7. Is the parent/guardian currently on active duty for the U.S. Military? Yes No
8. Does the applying child have a parent who is currently incarcerated? Yes No
9. Are there any activities you do not wish your child to participate in for religious/personal reasons?
If yes, explain: _____ Yes No
10. Please indicate which programming would work best for your family:
 Full day classroom (7.5 hours per day, 4 days per week)
 Part day classroom (3.5 hours per day, 4 days per week)
 Homebased - Weekly visits from a trained parent educator and a play group twice a month)
11. Is your family currently homeless (living in a temporary living arrangement, shelter, etc) Yes No

Parental Permission

I understand that by applying to enroll my child in GCCARD Head Start’s programming, I agree to the following:

General

- Photos and Videos of my child may be taken while participating in Head Start activities and I expressly waive the right of privacy and consent to such taking.
- My child will participate in all health activities including dental, vision, hearing, mental health consultations, developmental screenings and assessments given as part of the Head Start program (which I will not be billed for).
- In case of emergency, I give my consent to have Head Start staff secure needed emergency medical care, if parents/guardians cannot be immediately contacted and/or do not arrive prior to Emergency Medical Services.
- I agree to participate as a volunteer for the Head Start program

Full day classroom:

- My child will attend class regularly and I will immediately notify the classroom of the reason for any absence.
- I will participate in two home visits and two parent teacher conferences during the program year.

Homebased programming:

- I will participate in a weekly home visit with my child.
- I will bring my child to socialization experiences scheduled twice each month.

Sharing your Information:

- Information in my child’s personal file may be reviewed by governmental officials.
- Necessary records may be released/transferred to the school system, GSRP, or other Head Start program that my child will attend after leaving the Head Start program.
- If GCCARD Head Start is not able to serve your family, do we have permission to provide your name, contact information, enrollment documentation such as application, birth verification, income, physical, dental, and immunization records to another local free preschool program that might be able to serve you? YES NO

Signature of Parent/Guardian

Date