



Date application Received: _____		
Age _____	Rec'd by _____	
Docs:		
Inc. Doc. <input type="checkbox"/>	BD <input type="checkbox"/>	Imm. Rec <input type="checkbox"/>

Thank you for your interest in our program. This application is used for enrolling children into the Head Start of Laramie program. Below is a list of all supporting documents we must have **BEFORE** we can consider your child for enrollment. Please keep this page to use as a checklist.

Please be sure to complete **ALL SECTIONS** of the application. A staff member will meet with you to go over the application and any documents you provide. If you have any questions or need assistance filling out the application, please stop in at the main office or call (307) 742-6792.

**\*PLEASE NOTE:** Individual staff members do not make the final decision about which children are eligible to attend the Head Start of Laramie program. A selection committee makes the final decision about enrollment in accordance with Head Start Program Performance Standards.

**Please turn in the following documents with your child's application *or as soon as possible* to complete your child's file:**

**\_\_\_ Proof of all income or other financial support the family receives**

Examples of proof of income can include:

- Pay stubs
- A copy of previous year's tax return
- A written statement from your employer (including hours/wk. worked, wage/hr. and start date)
- Financial award letter, scholarships, grants, etc.
- Child support documentation
- SSI statements
- POWER or TANF statements
- SNAP Benefit letter/EBT Card with SNAP ID
- Unemployment benefits
- A declaration of no income (including how your family receives support- friends, family, etc.)

**\_\_\_ Birth document for applying child: (birth certificate, passport, immunization or medical records, etc.)**

**\_\_\_ Copy of child's immunization records (if possible)**

Bring all needed documents to:

**Head Start of Laramie**

**365 W. Grand Ave.**

**Or email to:**

**[cdeboer@headstartlaramie.org](mailto:cdeboer@headstartlaramie.org)**

# Head Start Application

Child Information	<b>Child's Name:</b>		<b>Date of Birth:</b>		
	<b>Child's Gender:</b> M        F				
	<b>Are you Hispanic and/or Latino?</b> Yes        No				
	<b>Race (check all that apply):</b>				
	American Indian/Alaskan Native		Asian	Black/African America	White
	Hawaiian/Pacific Islander		Other _____		
	<b>What language(s) does your family speak at home?</b>		<b>What language(s) does your child speak most comfortably?</b>		
	<b>Has your child ever been on an IEP? (Please explain)</b>				
<b>Do you have any developmental concerns for your child? (Please explain)</b>					
<b>Who is your child's health insurance provider?</b>					
<b>Is your child potty trained? How is that going?</b>					
Yes        No					
<b>Address:</b>		<b>City:</b>	<b>Zip:</b>		

1.) To ensure your child regularly attends school, would you need transportation assistance to get to school or to get home from school?

Yes        No

2.) Has this child or their siblings attended Head Start before?    Yes    No

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Information	Parent/Guardian #1	
	<b>Name:</b> Gender:    M        F        Other _____	<b>Date of Birth:</b>
	<b>Relationship to Child:</b>	
	<b>Address (If different from child):</b>	
	<b>Home phone:</b>	<b>Cell Phone:</b>
	<b>E-Mail address:</b>	
	<b>Language(s) spoken:</b>	
	<b>Highest Grade Completed</b> _____ Did did graduate HS    HS grad/GED    Some college    Associates Degree    Bachelors or Masters	
	<b>Are you Hispanic and/or Latino?</b> Yes        No	
	<b>Race (check all that apply):</b> American Indian/Alaskan Native    Asian        Black/African America    White Hawaiian/Pacific Islander        Other _____	
	<b>Are you currently working?</b> Yes                  No Full Time                                  Part Time Disabled                  Unemployed        Seasonal Worker        Retired	
	<b>Are you currently in school?</b> Yes                  No Full Time                                  Part Time Which school are you planning on attending? _____	
	<b>Current or past military experience?</b> _____	
	Parent/Guardian #2	
	<b>Name:</b> Gender:    M        F        Other _____	<b>Date of Birth:</b>
	<b>Relationship to Child:</b>	
	<b>Relationship to Parent/Guardian #1</b>	
	<b>Address (If different from child):</b>	
	<b>Home phone:</b>	<b>Cell Phone:</b>
	<b>E-Mail address:</b>	
	<b>Language(s) spoken:</b>	
	<b>Highest Grade Completed</b> _____ Did did graduate HS    HS grad/GED    Some college    Associates Degree    Bachelors or Masters	
	<b>Are you Hispanic and/or Latino?</b> Yes        No	
	<b>Race (check all that apply):</b> American Indian/Alaskan Native    Asian        Black/African America    White Hawaiian/Pacific Islander        Other _____	
	<b>Are you currently working?</b> Yes                  No Full Time                                  Part Time Disabled                  Unemployed        Seasonal Worker        Retired	
<b>Are you currently in school?</b> Yes                  No Full Time                                  Part Time Which school are you planning on attending? _____		
<b>Current or past military experience?</b> _____		

## General Household Information

Please list all family members living in the household (adults and children):

Full Name:	Date of Birth:	Relationship to applying child:	Gender:

Total number of people in household: \_\_\_\_\_

Are you pregnant or expecting?    Yes    No

Are the following attached?

- Proof of all income or other financial support the family receives
- Birth document for applying child: (birth certificate, passport, immunization or medical records, etc.)
- Copy of child's immunization records (if possible)

*Failure to submit all required documents will delay your child's placement on the waiting list and/or acceptance into the program.*

**\*I certify that the information provided on this form is accurate and truthful to the best of my knowledge\***

Print Parent or Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_