



# HEAD START — OF LARAMIE

Thank you for your interest in Head Start of Laramie. Below is a list of the documents we must have BEFORE we can consider your child for selection. Please use this page as a checklist.

Please be sure to complete ALL SECTIONS of this application. A staff member will reach out to you if any sections are missing information or if we need any additional supporting documents. 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 selected 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 worked, wage 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 form (including how your family receives support- friends, family, etc.)

--Birth document for applying child: birth certificate, passport, immunization or medical records.

--Copy of child's immunization records

Bring all needed documents to: Head Start of Laramie 365 W. Grand Ave. Laramie, WY 82072

Or email to: [cdeboer@headstartlaramie.org](mailto:cdeboer@headstartlaramie.org)

## Head Start Application

# Child Information

Child's Name:

Child's gender  
Male  
Female

Date of Birth

Hispanic or Latino? Yes No

Race (select all that apply):

American Indian/Alaskan Native Asian Black/African American White Hawaiian/Pacific Islander Other \_\_\_\_\_

What language(s) does your family speak at home?

What language(s) does your child speak?

Has your child ever been on an IEP? Please explain.

Do you have any developmental concerns for your child? Please explain.

Does your child have health insurance? What is your child's health insurance?

Is your child potty trained? Yes No  
How is it going?

Child's home address, City, and Zip

Has your child or their siblings attended a Head Start in the past?

Comments

# Parent/Guardian #1 Information

Name:
Gender Male Female
Date of Birth
Hispanic or Latino? Yes No
Race (select all that apply): American Indian/Alaskan Native Asian Black/African American White Hawaiian/Pacific Islander Other _____
Relationship to child:
Phone Number
Email address
Languages spoken. Which language do you prefer?
Highest grade completed: Did not complete HS High School diploma/GED Incomplete college Associates Degree More than Associates degree
Are you currently working? Full time Part time Disabled Unemployed Seasonal Retired Other (please explain)
Are you currently in school? Full time Part time
Current or past military experience?
Home address (if address is different from applying child's).
Comments

# Parent/Guardian #2 Information

Name:
Gender Male Female
Date of Birth
Hispanic or Latino? Yes No
Race (select all that apply): American Indian/Alaskan Native Asian Black/African American White Hawaiian/Pacific Islander Other _____
Relationship to child:
Phone Number
Email address
Languages spoken. Which language do you prefer?
Highest grade completed: Did not complete HS High School diploma/GED Incomplete college Associates Degree More than Associates degree
Are you currently working? Full time Part time Disabled Unemployed Seasonal Retired Other (please explain)
Are you currently in school? Full time Part time
Current or past military experience?
Home address (if address is different from applying child's).
Comments

# General Household Information

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

Full Name	Date of birth	Gender	Relationship to applying child

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

Is anyone in the household pregnant? \_\_\_\_\_

Please remember to submit the following when you return the application so we can begin processing this application:

--Proof of all income or other financial support the family receives

Examples of proof of income can include:

--Birth document for applying child: birth certificate, passport, immunization or medical records.

--Copy of child's immunization records

Bring all needed documents to: Head Start of Laramie 365 W. Grand Ave. Laramie, WY 82072

Or email to: [cdeboer@headstartlaramie.org](mailto:cdeboer@headstartlaramie.org)

By signing I certify that the information provided on this form is accurate and truthful to the best of my knowledge.

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Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Head Start of Laramie utilizes USDA funds to cover costs associated with our menu and meal program. As a part of our participation in the USDA program we are sharing the nondiscrimination statement that we follow.

### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.