

PRESCHOOL SERVICES DEPARTMENT ENROLLMENT APPLICATION

CHILD'S INFORMATION				<input type="checkbox"/> EHS-CCP <input type="checkbox"/> EHS <input type="checkbox"/> HS <input type="checkbox"/> LIFT/EHS	
Child's Legal Name First		Middle Initial	Last		
Child's Place of Birth (City, State)			Child's DOB (mm/dd/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Ethnicity Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unspecified			
Child's Primary Language:			Child's Secondary Language:		
Parental Status: <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Foster parent(s) <input type="checkbox"/> Guardian(s)					
CHILD'S HOUSEHOLD/FAMILY INFORMATION					
1. Adult One Name (First/Last):		Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	Primary Language (if different from child)	Secondary Language (if different from child)
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth:		Relationship to Child:			
Education Level: <input type="checkbox"/> Grade _____ <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree or Higher		Employment: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other		School Training: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
Residential Address:			Mailing Address (if different from residential address):		
Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
City:	State: CA	Zip Code:	City:	State:	Zip Code:
2. Adult Two Name (if applicable)		Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Race:	
Date of Birth:		Relationship to Child:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Education Level:		Employment: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A Income Source: <input type="checkbox"/> Employment <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other		School Training: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
Primary Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell ()			Other Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message ()		
Ok to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ok to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:		Ok to Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other		
INFORMATION					
Family Receives: CalWORKs <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No			Does Child Have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> Military <input type="checkbox"/> Tribal		
Does the Family Receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the Family Receive CalFresh? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How Did You Hear About Us? (Check all that apply): <input type="checkbox"/> Community Event <input type="checkbox"/> Flyer/Poster <input type="checkbox"/> School District <input type="checkbox"/> Other Preschool Program <input type="checkbox"/> Facebook/Social Media <input type="checkbox"/> Local Community Agency Referral <input type="checkbox"/> Billboard <input type="checkbox"/> Bus <input type="checkbox"/> Family Friend <input type="checkbox"/> Online <input type="checkbox"/> Returning/Other Head Start Parent <input type="checkbox"/> Other (please explain)					
INFORMATION					
Are you currently Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Expected Due Date:					
At least one parent/guardian is a member of the United States military on active duty <input type="checkbox"/> Yes <input type="checkbox"/> No					
At least one parent/guardian is a veteran of the United States military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Some Head Start sites provide bus transportation. Will your child need transportation if available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain why:					
Are you related to a PSD employee <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employee Name		Relationship to Child		Site	

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ADDITIONAL HOUSEHOLD INFORMATION

First & Last Name of Family Members in Home (Supported by parent/guardian)	Relationship to Applicant	Date of Birth	Sex	Race/Ethnicity	Employment
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Total Number in Family (Including Adults): _____

SPECIAL NEEDS

Children with diagnosed special needs may receive priority for Head Start enrollment (Disclosure of information is strictly voluntary)

1. Does your child have a disability Yes No I choose not to disclose (If no go to #6)
2. Type of special need/disability _____
3. Has the child's disability been professionally diagnosed? Yes No
If yes, at what age? _____
By whom? _____
4. Does the child have an IFSP/IEP? Yes No
5. Is the child receiving special services for their disability? Yes No
6. In your opinion, does your child have a special need that has not yet been diagnosed? Yes No
If yes, please explain: _____

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Applicant Signature: _____ **Date:** _____

TO BE COMPLETED BY PSD STAFF

Initial Enrollment Program Year:	Center Name:	Family ID: Child ID:	First Day Child Attended Class(Entry):
Acceptance Status: <input type="checkbox"/> Accept <input type="checkbox"/> Deny	Program Type: <input type="checkbox"/> EHS <input type="checkbox"/> Head Start <input type="checkbox"/> LIFT <input type="checkbox"/> EHS -CCP	Program Option: <input type="checkbox"/> Home Base <input type="checkbox"/> Full Day <input type="checkbox"/> Part Day	
Income Eligibility (select one): <input type="checkbox"/> Income (below FPL guidelines) <input type="checkbox"/> Over Income		Categorical Eligibility (select one): <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> CalWORKs <input type="checkbox"/> SSI	EHS -CCP Only: CD 9600 date: _____
Documents Verified (select all that apply): <input type="checkbox"/> 1040 Taxes <input type="checkbox"/> Check Stub <input type="checkbox"/> W2 <input type="checkbox"/> Written Statement from Employer <input type="checkbox"/> UIB <input type="checkbox"/> Document of no income <input type="checkbox"/> Other: _____ Total Annual Income: \$ _____		Documents Verified (select one): <input type="checkbox"/> Foster placement papers <input type="checkbox"/> Passport to Services <input type="checkbox"/> NOA <input type="checkbox"/> SSI Award Letter <input type="checkbox"/> Statement from homeless service provider <input type="checkbox"/> Other	First date of subsidized service: _____
Birth Verified By: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Foster Placement Papers <input type="checkbox"/> Medi-Cal card <input type="checkbox"/> Other		Age by Enrollment Date:	Months at Time of Enrollment (EHS)
Verifying CEU Staff Member (Print Name):		Signature:	Date:
Parent Signature (2nd Year) Head Start Regulations [1302.12(i)(1)]			Date:
Parent Signature (3rd Year EHS) Head Start Regulations [1302.12(i)(1)]			Date:
Notes:			
<input type="checkbox"/> In Person Interview <input type="checkbox"/> Phone Interview			
Site Generalist Signature:			Date: