Program Year _____ Program _____
Option: FD___ MFD___ PD___ Home Base___ FCC___

Child, Family & Community Services, Inc.

ENROLLMENT APPLICATION

Child's Name: (Last) | (First)

Child's SS #: - -

Child's Date of Birth: / /

Race: (Check all that apply) Black ☐ Hispanic ☐ Native American ☐ White ☐ Asian/Pacific Islander ☐ Other_____________________

Gender: Male ☐ Female ☐

Primary Language:___________________

National Origin:______________________

Mother/Guardian in the home:	**SS #:**	**Date of birth:**	**Level of education:**	**Employment status:**
Father/Guardian in the home:	**SS #:**	**Date of birth:**	**Level of education:**	**Employment status:**

Days & Working/Training Hours	**Mother:**	**From: To:**	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Sun.**
Days & Working/Training Hours	**Father:**	**From: To:**	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Sun.**

Child's Address: | **City:** | **Zip Code:**

Phone: (____)_________________________
(Circle One) Home Work Message Cell

☐ **Permission to receive text messages (charges may apply)**

Emergency #: (____)_______________________
(Circle One) Home Work Message Cell

Email Address-

Parental Status: Single Parent | Two Parents | Foster Parent | Military Family | Non-Parent | Legal Joint Custody | Legal Sole Custody | Homeless

Number of Persons: In the Family ( ) In the Home ( )

Number of Children: In the Family ( )

Is the mother pregnant? Yes ☐ No ☐ *If yes, due date:*

Receiving: TANF ☐ Cal Works ☐ SSI ☐ Food Stamps ☐ Wic ☐

Child's Health Insurance: Does the child have:
Primary Doctor Yes ☐ No ☐ Primary Dentist Yes ☐ No ☐
Medi-cal ☐ Private ☐ None ☐

Does the child have a disability or special need?
(i.e. Special Services)
Yes ☐ (IFSP/IEP) No ☐ Suspected ☐

Has child ever received early intervention services?
(i.e. Regional Center) Yes ☐ No ☐

Special Diet/Food Allergy? Yes ☐ No ☐
*If yes,:*________________________

Prescription Medication? Yes ☐ No ☐
*If yes,:*_______________________

Circle Session Preference:
AM / PM /Full-Day /Modified Full Day /Home Base /FCC

Center Preference:

I certify that this information is true and correct to the best of my knowledge. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during business hours. I declare under penalty of perjury that the information given below is true and correct. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrolling my child from Head Start/Early Head Start and could have serious legal consequences for me.

Parent/Guardian Signature: ____ *Date:* ____

Child, Family & Community Services, Inc.

FAMILY MEMBER INFORMATION

Adult **Only list family member's that are claimed on yearly taxes as your dependents.*							
	First & Last name of adults in home	**Date of Birth**	**Gender**		**First & Last name of adults in home**	**Date of Birth**	**Gender**
A01			M F	A02			M F
A03			M F	A04			M F

Children (List any other children in the family and in the home) **Only children claimed on yearly taxes as your dependents*	**Child Related Codes** **B12**= Both adults **A01**= First adult listed above **A02**= Only the second adult listed	**Adult/Child Relationship Codes** **C**= Natural/Adopted/Stepchild **F**= Foster **G**= Grandchild **N**= Niece or nephew **O**= Other

	First & Last name of children in home	**Date of Birth**	**Social Security #**	**Gender**	**Adults child is related to**	**C=** Natural	**F=** Foster	**N=** Niece	**G=** Grandchild	**O=** Other
C01				M F						
C02				M F						
C03				M F						
C04				M F						
C05				M F						
C06				M F						
C07				M F						

How did you hear about our program?	**Parent** ☐ **Agency** ☐ **Recruitment Event** ☐ **Online** ☐ **Other** _______________

******* FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE *******

Comments: (Re: Special Family Circumstances)	
In Person Interview? _____ **Phone Interview?** _____ **Why?**	
Staff Received app. ______________________________ ***Date:*** ________________	***Staff Processed & Verified Eligibility*** ______________________________ ***Date:*** ________________

Application Status: *(Circle items received and verified)* **Income** **Birth** **Immun.**	**Fam. Inc.: $** **Income Status:** **Eligible** **101% to 130%** **Over Income**	**Class Age:**
Child eligible for next year? **Y** **N**	**Sibling eligible for next year?** **Y** **N**	
Eligibility Criteria Points:	**Parents**_____ **Disability/Disabled**_____ **Income**_____ **Other**_____ **Age**_____ **Employment/Training** _____	