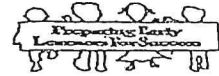




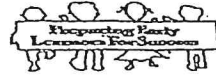
STUDENT INFORMATION							
CHILD'S NAME		First Name		MI	Last Name #1		Last Name #2
Date of Birth		___/___/___		SS#	___-___-___		Gender ___ Male ___ Female
AGE		PHONE NUMBER	(___) ___-___		EMAIL		
PHYSICAL ADDRESS		Street		City	State	Zip	
MAILING ADDRESS		Street		City	State	Zip	
PERSON CHILD RESIDES WITH		_____		RELATIONSHIP TO CHILD	_____		
Does child receive Special Education Services? (IEP)				Does Child receive Speech Services? (IEP)			
YES		NO		YES		NO	
Does child receive Early Intervention Services? (IEP)				Has child been referred by Psychological services?			
YES		NO		YES		NO	
Does child have a suspected disability				If YES, what is the disability			
YES		NO					
FAMILY INCOME INFORMATION							
Number of adults		Number of Adults Contributing to Income		Number of children		___ Approved for USDA/CACFP Eligibility Determination	
Adult Name		Employer Name			Income		
					Total Family Income		



Grant Network Coordinated Application

Answer these questions ONLY if you are applying to Head Start

Teen Parent	YES	NO	Homeless in the last year		YES	NO
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Person's Role in Household	<input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household member <input type="checkbox"/> Resides outside the home		
Primary Occupational Status (Check Only 1)	Paying Job:		In School Full time and Employed Part time:		Employed Full Time and In School Part Time:	
	<input type="checkbox"/> Full time (more than 34 hrs per week)		<input type="checkbox"/> Towards high school Diploma/GED		<input type="checkbox"/> Towards high school Diploma/GED	
	<input type="checkbox"/> Part time		<input type="checkbox"/> Towards trade/business qualification		<input type="checkbox"/> Towards trade/business qualification	
	<input type="checkbox"/> Seasonal - Non-agricultural		<input type="checkbox"/> Towards college degree		<input type="checkbox"/> Towards college degree	
	<input type="checkbox"/> Seasonal - Agricultural		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Employed and in school		<input type="checkbox"/> In school and employed		<input type="checkbox"/> Employed and in school		
Other:		Highest level of education (check only one)				
<input type="checkbox"/> In job traing program <input type="checkbox"/> Homemaker <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		<input type="checkbox"/> No school completed <input type="checkbox"/> Some K-12 (no Diploma) <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some Colloège (no degree)		<input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree		
Was child referred to Head Start?			If YES, by whom:			
YES	NO		Public School System	Community Agent	Other _____	
Income Verification: Staff Only						
<input type="checkbox"/> Individual Tax Form <input type="checkbox"/> W-2 Form <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Written Employer Statement <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Documentation of No Income <input type="checkbox"/> Other _____ Staff Signature: _____						



Ranking a program 1st or 2nd DOES NOT guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences for siblings/residential area.

CHILD'S NAME				
	First Name	MI	Last Name #1	Last Name #2
<p>Please rank the programs below in the order of preference. Put a "1" for your first choice, "2" for your second choice, and so on. Only rank programs for which you are eligible. Your child is only eligible for public prek at the school he/she is zoned for. Student must be tested and meet requirements of grant that supports the prek program.</p>				
RANKING	PROGRAM		TYPE	
	Head Start / Graham Center		Head Start	
	Head Start / Dry Prong Center		Head Start	
	Head Start / Pollock Center		Head Start	
	Unlimited Anointing		Child Care	
	South Grant Day Care		Child Care	
	Georgetown High		Public School	
	Pollock Elementary		Public School	
	South Grant Elementary		Public School	
	Verda Elementary		Public School	
<p>Child's Race: ___ African American ___ Caucasian ___ Hispanic ___ Other</p>				



If child has any siblings currently attending any programs on previous page, please list below:

Program	Siblings

If child has any siblings currently applying to any program on previous page, please list below:

Program	Siblings

I, the undersigned, understand that sharing the information I have provided in this application across early childhood programs in my community will facilitate matching my child to a seat, and I hereby give permission for the information provided here to be shared with the programs in the Grant Community Network.

Print Name of Parent/Guardian: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____