City of Lakewood – Head Start & Early Childhood Programs Application

12100 W. Alameda Parkway, Lakewood, CO 80228 – Phone: 303-987-2490 Fax: 303-987-4863

Site Requested: _____

Child's Information (Applicant)

Child's First Name	Middle Initial	Last Name	DOB	Gender	Language spoken at home:
				M F	Primary: Secondary:

Race: (Check all that apply)	**Health Insurance:**	**Doctor:**	**Dentist:**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Multi-Racial/Bi-Racial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____ **Hispanic: □ Yes □ No**	□ Medicaid □ CHP+ □ None □ Private/Other: _____ Insurance #: _____	Name : _____ Phone #: _____	Name: _____ Phone #: _____

Adult 1 Information

First Name	Middle Initial	Last Name	DOB	Gender	Language:
				M F	Primary: Secondary:

Race: (Check all that apply)	**Highest grade completed in school:** (check all that apply)	**Employment Status:**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Multi-Racial/Bi-Racial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____ **Hispanic: □ Yes □ No**	□ Grade 9 or less □ Grade 10 □ Grade 11 □ Grade 12 □ GED □ High School Graduate □ College Degree/Training Cert. □ College or Advanced Training □ Associate's Degree □ Bachelor's Degree □ Master's Degree (or above) **Relationship to child**: □ Natural/Adopted/Step □ Grandchild □ Foster □ Other	□ Full time Work □ Retired or Disabled □ Seasonally Employed □ Training or School □ Part Time Work (Under 35hrs/week) □ Unemployed (looking for employment) □ Not Employed (stay at home)

Parent /Guardian Employment Information

Name of Employer _____ Address _____
City _____ Zip _____ Business Phone _____

❑Not Applicable

Adult 2 Information

First Name	Middle Initial	Last Name	DOB	Gender	Language spoken at home:
				M F	Primary: Secondary:

Race: (Check all that apply)	**Highest grade completed in school:** (check one)	**Employment Status:**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Multi-Racial/Bi-Racial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____ **Hispanic: □ Yes □ No**	□ Grade 9 or less □ Grade 10 □ Grade 11 □ Grade 12 □ GED □ High School Graduate □ College Degree/Training Cert. □ College or Advanced Training □ Associate's Degree □ Bachelor's Degree □ Master's Degree (or above) **Relationship to child**: □ Natural/Adopted/Step □ Grandchild □ Foster □ Other	□ Full time Work □ Part Time Work (Under 35hrs/week) □ Seasonally Employed □ Training or School □ Retired or Disabled □ Unemployed (looking for employment) □ Not Employed (stay at home)

Parent /Guardian Employment Information

Name of Employer _____ Address _____
City _____ Zip _____ Business Phone _____

❑Not Applicable

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services. For persons needing reasonable accommodations to participate in a city program call 303-987-2490. For TDD call 303-987-4862.

City of Lakewood – Head Start & Early Childhood Programs Application

12100 W. Alameda Parkway, Lakewood, CO 80228 – Phone: 303-987-2490 Fax: 303-987-4863

Family's Information

Please list all other persons living in your home . ***DO NOT INCLUDE APPLICANT'S NAME***.

First Name	Middle Initial	Last Name	Date of Birth	Gender	Race	Language	Relationship to Applicant
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			

Parent Status	❑ One Parent ❑ Two Parent ❑ Grandparent/Relative ❑ Foster ❑ Other

Household Information

Living Address (Include Apt. # if applicable)	Zip	City	State

Phone Number	Type (check one)	Please specify whose number this is
	❑ Cell ❑ Home ❑ Work ❑ Other	
	❑ Cell ❑ Home ❑ Work ❑ Other	

Additional Information: (please check all that apply)

TANF ❑ Yes ❑ No	Military Family ❑ Yes ❑ No	Foster Child ❑ Yes ❑ No
SSI ❑ Yes ❑ No	Public Housing ❑ Yes ❑ No	Referred by Child Welfare Agency ❑ Yes ❑ No
WIC ❑ Yes ❑ No	Parent has a disability ❑ Yes ❑ No	Domestic Violence Services ❑ Yes ❑ No
SNAP ❑ Yes ❑ No	Teen Parent ❑ Yes ❑ No	Substance or Alcohol Abuse ❑ Yes ❑ No

Homeless Family (living in shelter, car, hotel or living with relatives or friends because of finances) ❑ Yes ❑ No
Number of times moved in the last year?

Additional Child Information: (please check all that apply)

Concern about child's development ❑ Yes ❑ No	IEP or IFSP (Diagnosed Disability) ❑ Yes ❑ No
Others have concerns about my child's development. ❑ Yes ❑ No	Has a chronic medical condition. ❑ Yes ❑ No
Hearing ❑ Yes ❑ No	Takes regular medication or has a current prescription. ❑ Yes ❑ No
Vision/Wears glasses ❑ Yes ❑ No	Has an allergy (including food) ❑ Yes ❑ No
Speech/Language ❑ Yes ❑ No	Poor social skills ❑ Yes ❑ No
Behavioral/Emotional concerns ❑ Yes ❑ No	Not potty trained ❑ Yes ❑ No

Please explain all checked answers: _____

_____

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services. For persons needing reasonable accommodations to participate in a city program call 303-987-2490. For TDD call 303-987-4862.

City of Lakewood – Head Start & Early Childhood Programs Application

12100 W. Alameda Parkway, Lakewood, CO 80228 – Phone: 303-987-2490 Fax: 303-987-4863

Any other comments or concerns: _____

_____

Due to Program Regulations, the City of Lakewood Head Start Program is not able to provide services to those families that do not reside within Lakewood's city limits. If you move at any time during the school year, you must contact your Family Support Worker to develop a transition plan. Initials_____

City of Lakewood Head Start does not provide transportation. Please contact a Family Support Worker for assistance in finding alternate transportation if necessary. Initials _____

I certify that all information provided on this form is true to the best of my knowledge.

_____ _____

Parent or Guardian Signature Date

_____ _____

Staff Signature Date

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services. For persons needing reasonable accommodations to participate in a city program call 303-987-2490. For TDD call 303-987-4862.