

Great Start Readiness Program

Head Start

KC Ready 4s

Child's Legal Name (Last, First, Middle):		Preferred Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	Program Preference: <input type="checkbox"/> Part Day <input type="checkbox"/> Full Day (Not available in all programs; priority given to parents working or going to school full time)		

Section 2: Address Information (Include apartment complex name, if applicable.)

Address:		City, State, and Zip:	County:
Apartment Complex Name:	Child's Pick-up Address (If different):	Child's Drop-off Address (If different):	

Section 3: Child Information

Race (Check all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Unspecified (Other)	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Family Language Primary: _____ Secondary: _____ <input type="checkbox"/> Parent or Legal Guardian Needs an Interpreter
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Section 4: Family Information

Child Lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Joint Custody (If Joint, ☐ Physical or ☐ Legal)
☐ Foster Care ☐ Legal Guardian ☐ Grandparent ☐ Child Has a Sibling in Head Start ☐ Other (Explain) _____

Parent or Legal Guardian Information

Full Name:	
Date of Birth:	
Parent Address	
e-mail	

Type: (Circle one) **Phone Numbers w/Area Code:**

Home Work Cell Message	
Home Work Cell Message	

☐ Birth or Adoptive ☐ Step Parent ☐ Foster Parent
☐ Legal Guardian ☐ Other Caregiver

Education (Check highest level):

☐ No High School Diploma – Highest Grade ☐ 9 ☐ 10 ☐ 11
☐ GED or High School Diploma
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree

Employment or Other (Check all that apply):

☐ Employed part-time (Less than 35 Hours per week)
☐ Employed full-time (More than 35 hours per week)
☐ Attends School or College ☐ Home by Choice ☐ Unemployed

Provides Financial Support ☐ Yes ☐ No

Parent or Legal Guardian Information

Full Name:	
Date of Birth:	
Parent Address	
e-mail	

Type: (Circle one) **Phone Numbers w/Area Code:**

Home Work Cell Message	
Home Work Cell Message	

☐ Birth or Adoptive ☐ Step Parent ☐ Foster Parent
☐ Legal Guardian ☐ Other Caregiver

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☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree

Employment or Other (Check all that apply):

☐ Employed part-time (Less than 35 Hours per week)
☐ Employed full-time (More than 35 hours per week)
☐ Attends School or College ☐ Home by Choice ☐ Unemployed

Provides Financial Support ☐ Yes ☐ No

Please enter emergency contact information for each parent or legal guardian:

Emergency Contact:	Name & Phone Number w/Area Code:	Emergency Contact:	Name & Phone Number w/Area Code:
Emergency Contact:	Name & Phone Number w/Area Code:	Emergency Contact:	Name & Phone Number w/Area Code:

Section 5: List Other Children and Other Family Members Supported by Income

Last Name:	First Name:	Date of Birth:	Gender:	Relationship :	If child, age of parent when child was born:
			M F		
			M F		
			M F		
			M F		

Section 6: Family's Current Living Situation

Is the child or your family currently living: ☐ in your own or rented home ☐ in a hotel/motel ☐ in a temporary housing situation
☐ with another family due to loss of housing or economic hardship ☐ in a shelter ☐ without a fixed nighttime residence

Income of Family Members Legally Responsible for Child's Support

Name:	Income Type:	Gross Annual Income:
	Wages:	\$
	Public Assistance - Cash Assistance, Child Care Reimbursement, and Food Stamps:	\$
	SSI:	\$
	Child Support:	\$
	Social Security (Not SSI):	\$
	Unemployment:	\$
	Other (Not listed above):	\$
	Total Annual Income:	\$

Section 7: Child (Applicant) Disability Status

☐ Participated in Fit or Early –On ☐ Evaluated by PET **Parent Concern:** Please Explain, _____

☐ Diagnosed Disability Please provide documentation: ☐ IEP ☐ IFSP ☐ Assessment Diagnosing Agency: _____

Section 8: Other Confidential Information That May Prioritize Placement

Please check yes or no. If yes, please underline any words that apply.

	Yes	No		Yes	No
Child's behavior prevented participation in other group settings; or child was referred for counseling or behavioral evaluation.			Sibling has a chronic illness, severe behavior problem, or other issue that negatively affects the child/family.		
A parent or guardian cannot read.			Loss of parent due to death, divorce/separation, incarceration, chronic illness, or long-term absence for military service/employment; or loss of sibling due to death; or a parent is a single parent; or a grandparent is raising the child.		
Child or sibling has been abused or neglected; or parent has experienced domestic abuse; or a family member or someone in the home abuses alcohol, prescription medication, or non-prescription drugs.			Child has a chronic illness like asthma, allergies, frequent ear infections, other _____; or lead poisoning; or prenatal exposure to drugs, alcohol, or nicotine; or lives in unsafe or crowded housing; or unsafe neighborhood.		

Does your child have a sibling(s) in elementary school? If yes, please list sibling(s) name, grade, and school:

Name: _____ Grade _____ School _____
 Name: _____ Grade _____ School _____
 Name: _____ Grade _____ School _____

Section 9: Information on this application is confidential. Your child's prekindergarten program will not discriminate against any family or student on the basis of race, color, national origin, gender, or handicap.

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's prekindergarten program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that my child cannot be enrolled in more than one free or sliding-scale-tuition prekindergarten program. I understand that by participating in the prekindergarten program, my child's learning and development will be assessed to support further growth; and that some results may be reported as scores (not attached to my child's name) and combined with other children's scores for research related to the general level of kindergarten readiness across the county.

Signature* of Parent/Guardian: _____ **Date:** _____

Signature of Staff (if required): _____ **Date:** _____

Section 10: Please sign below if you give permission for this application and related documentation that you provide to be confidentially shared with other free or sliding-scale-tuition prekindergarten programs in the county for the purpose of placing your child.

Signature* of Parent/Guardian: _____ **Date:** _____

* If via phone, staff will check this box and initial ☐ _____; and print the parent/guardian name above with date.