



Saunders County Head Start
 2056 North Hackberry
 Wahoo, NE 68066
 (402) 443-4250

Enrollment Application

Child Information

| | | | | |
|---------------------------------|-----------|---|---|--------------------|
| Child's Legal Name: Last | | First | Preferred Name: | Sex: M F |
| Date of Birth: | Language: | Race: Black White Hispanic Asian/Pacific Native Other _____ | Insurance: Medicaid/Kids Connect Private None Other _____ | |

Family Information

| | | | |
|--|--|---|--|
| Parent(s)/Guardian(s): | | Primary Adult Social Security #: - - | Parental Status: One Two Foster Non-Parent |
| Family Name: | | Number in Family: | Number in Household: |
| Parent/Guardian: (for mailing labels) | | Number of Children by Age: 0-3: 4-5: | |
| Address: | | City: | State: Zip: County: |
| Phone: [] Home [] Message: () - | | Phone Other: () - | |
| Income (list by family member) | Twice a month x 24 = Annual Income Monthly x 12 = Annual Income | Weekly x 52 = Annual Income Every 2 weeks x 26 = Annual Income | Income Source |
| Family Member | Amount | Per X Annual Income | From Whom |
| A01. | \$ | | |
| A02. | \$ | | |
| A03. | \$ | | |
| Total yearly income of family | | | \$ |
| Optional: Child has disability or special need. No Suspected Yes (If Yes, give diagnosis, date and source) | | | |
| Was child referred to program? No Yes (If Yes, by whom?) Why? | | | |
| Optional: Any specific family need or crisis? No Yes (If Yes, describe) | | | |
| <i>Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. 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.</i> | | | |
| Parent/Guardian signature: | | | Date: |

Head Start Staff will complete portion below

| | | | | |
|----------------------|-------------------------|-----------------------|---------------------|------------|
| School Year: | Program Code: | Program Description: | Delegate ID: | Class Age: |
| Participation Year: | Application Status: | Application Date: | Application Status: | |
| Prior Location ID: | Releases Signed: Yes No | Date Releases Signed: | | |
| Center Name: | Center ID: | Class ID: | | |
| Enrollment Comments: | | | | |

Eligibility Information

| | | | |
|---|---|---------------------------|------------------------------|
| Child Eligible Next Year: Yes No | Brother/Sister Eligible Next Year? Yes No | AFDC: Yes No | Income Status: Eligible Over |
| Family Income: | Disability Status: Z (ero disability) X (Suspected) If Diag/Code: | | |
| Medical Eligibility Status: Eligible Not Potentially Formerly | Child Medical/Insurance Number: | | |
| CACFP Status: Free Reduced None | CACFP Certification Date: | CACFP Household Income: | |
| Elig-Parent Stat: Pt: | Elig-Disabled: Pt: | Elig-Income: Pt: | |
| Elig-Other: Pt: | Elig-Age: Pt: | TOTAL ELIGIBILITY RATING: | |
| Eligibility Comments: | | | |
| Income Verified? Yes No | By: [] W-2 [] Check Stub [] Tax Return [] Letter [] Other: | | |
| Birth Verified? Yes No | By: [] Certified Birth Certificate [] Hospital Birth Certificate [] Health Department Certificate [] Other: | | |
| Verifying Staff Member: | Date: | | |



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Transportation Information

Transportation Code: Bus Walking Parent Other:

Pick-up Location:

Drop-off Location:

Directions to Home:

| Release Child To: | Relationship | Relationship |
|-------------------|--------------|--------------|
| Name | | Name |
| Name | | Name |

Emergency Information

EMERGENCY CONTACTS:

| | | | |
|------|---------|-------|-----|
| Name | Address | Phone | |
| | City | State | Zip |
| Name | Address | Phone | |
| | City | State | Zip |
| Name | Address | Phone | |
| | City | State | Zip |

PHYSICIAN:

| | | | |
|------|---------|-------|-----|
| Name | Address | Phone | |
| | City | State | Zip |

DENTIST:

| | | | |
|------|---------|-------|-----|
| Name | Address | Phone | |
| | City | State | Zip |

Family Member Information

Adults

| Parent(s) First and Last Name | Date of Birth | Social Security # | Sex | (D1) Educ Level | (D2) Empl Status | (D3) Notes e.g., Occupation, etc. |
|-------------------------------|---------------|-------------------|-----|-----------------|------------------|--------------------------------------|
| A01 | | - - | M F | | | |
| A02 | | - - | | | | |
| A03 | | - - | | | | |

| | | |
|--|---|---|
| D1 – Education Level Codes G9 = through 9 th Grade HSG = High School G10 = through 10 th Grade COL = Some College G11 = through 11 th Grade CTG = College Degree G12 = through 12 th Grade | D2 – Employment Status Codes F = Full Time U = Unemployed P = Part Time R = Retired S = Seasonal T = Training/School | D3 – Notes For example, occupation, training programs, etc. |
|--|---|---|

Children

| First and Last Name of Children in home | Date of Birth | Sex | (D1) Related To | (D2) How Related | (D1) – Related to Codes B12 = Both Adults A02 = Second Adult A01 = Primary Adult Etc. (D2) – How Related C = Natural Child F = Foster O = Other G = Grand Child N = Niece/Nephew |
|---|---------------|-----|-----------------|------------------|--|
| C01 ----- (program applicant) ----- | | | | | |
| C02 | | M F | | | |
| C03 | | M F | | | |
| C04 | | M F | | | |
| C05 | | M F | | | |

Check here if there are other children in the home; list on separate page.