Kids' Corps, Inc.
Head Start Application

OPTIONS & LOCATIONS Please Check All Interested Centers & Options	**Full day (7:30 am-5:30 pm)** ***Childcare assistance contract required*** **Co-pay fees apply**	**Part Day Preschool** **(ages 3-5 years) No Fees**	**Mid-day Program** **No Fees**
	□ East Center Preschool (ages 3-5) Year round □ East Center infant/toddler (ages 4-36 months) Year round □ Mt. View Center infant/toddler (ages 4-36 months) Year round	□ East Center (late Aug-May) 8:30 am-1:30 pm □ Boniface Center (late Aug-May) 9:00 am-2:00 pm □ Muldoon Center (late Aug-July) 9:00 am-2:00 pm	Infant/toddler Program (ages 4-36 mo) 8:15 am- 3:00 pm Year round □ Mt. View Center □ East Center □ Ridgeline Center Preschool (ages 3-5 years) 8:30 am- 3:00 pm Late August -May

Phone: (907) 272-0133 Fax: (907) 272-0312

CHILD INFORMATION

Child's Last Name:_____ First Name:_____
Child's Birth Date:_____ Child's Sex: M F
Child's Primary Language:_____Child's Secondary Language:_____
Does your child have any disability or special need? (either diagnosed or suspected) Y N
If Yes, please explain:_____
Does your child have an IEP or an IFSP? Y N Does your child have a sibling in the program? Y N

FAMILY INFORMATION

Parent/Guardian:_____
Birth date: _____ Male Female
Employment Status:_____
Home Address:_____
_____
MailingAddress:_____
_____
Phone:_____HM_____WK
Phone:_____CELL
Can we contact you by text? Y N
Email_____
Primary Language:_____
Secondary Language:_____

Parent/Guardian:_____
Birth date: _____ Male Female
Employment Status:_____
Home Address:_____
_____
Mailing Address:_____
_____
Phone:_____HM_____WK
Phone:_____CELL
Can we contact you by text? Y N
Email_____
Primary Language:_____
Secondary Language:_____

Family Type *(Circle one)*	Parental Status *(Circle one)*	# in Family	# of Children Ages 0-35 months	# of children Ages 3-5 years	Total # of persons in home
Parent Grandparent Foster Other	One Two				

Do you need care for your child while you are at work or school? Yes No
If yes, who currently provides care for your child? _____
Has your child previously been enrolled in another Head Start or Early Head Start program? Yes No
Family Housing Status *(Circle one):* Rent Own Homeless Other_____
Has your family experienced homelessness in the last 6 months? Yes No
Are you receiving ATAP? Yes No If yes, ATAP case number_____
Is your family experiencing a special hardship or crisis? Yes No
If yes, please explain:_____
Were you referred by another agency or provider? Yes No If yes, who? _____
How did you hear about KCI *(Circle one)*: Friend or neighbor Head Start bus KCI brochure Radio
Door Hanger Community event:_____ Agency referral Other_____

TRANSPORTATION

Transportation is available in a limited areas for Muldoon Center only

If a Head Start bus is **not** available, can you provide transportation for your child? **Yes No**

PICK-UP LOCATION _____
DROP OFF LOCATION)_____

DOCUMENTATION

Please attach the following documentation:

- ❑ Income verification from all cash income sources for **12 months** (W2, 1040 Tax Forms, LES, pay stubs or proof of current SNAP, ATAP or SSI)
- ❑ Child's Birth Certificate
- ❑ Child Immunization Record
- ❑ Physical Exam (completed within the last year)

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.

Parent/Guardian Signature_____**Date**_____