



# NACOG Head Start/Early Head Start

## ENROLLMENT APPLICATION

121 East Aspen Avenue, Flagstaff, AZ 86001

Phone: (928) 774-9504; Fax: (928) 213-5212

Email: [nacoghs@nacog.org](mailto:nacoghs@nacog.org)

### FOR OFFICE USE ONLY

Type of Application:

- New Applicant
- 3<sup>rd</sup> Year Re-Enrollment
- EHS Transition

CENTER:

CHILD INFORMATION		
NAME:	DATE OF BIRTH:	CHILD'S PRIMARY LANGUAGE:
PREFERRED NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	IS CHILD POTTY TRAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working on It
RACE: (check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Bi-Racial/Multi-racial <input type="checkbox"/> Other: (Specify)    ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child been identified by a professional as having a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	Does your child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INFORMATION	
LIVING ADDRESS:	MAILING ADDRESS:
City:                                  State:                                  Zip:	City:                                  State:                                  Zip:
Is your family currently staying in a car, park, campground, hotel, emergency shelter, transitional housing, or living with another family temporarily? <input type="checkbox"/> Yes or <input type="checkbox"/> No	PARENTAL STATUS: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent

PARENT/GUARDIAN INFORMATION (A)			PARENT/GUARDIAN INFORMATION (B)		
Name:	DOB:	Name:	DOB:	Name:	DOB:
Address: <input type="checkbox"/> Same as Above			Address: <input type="checkbox"/> Same as Above		
City:                                  State:                                  Zip:		City:                                  State:                                  Zip:		City:                                  State:                                  Zip:	
Home Phone #:	Cell Phone #:	Work Phone #:	Home Phone #:	Cell Phone #:	Work Phone #:
Race:		Language:		Race:	
Email Address:			Email Address:		
Best way to contact you? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Other:			Best way to contact you? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Other:		
Marital Status:    Head of Household?    Lives in Household?		Marital Status:    Head of Household?    Lives in Household?		Marital Status:    Head of Household?    Lives in Household?	
<input type="checkbox"/> Single <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Single <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> Yes or <input type="checkbox"/> No		<input type="checkbox"/> Single <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:			Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:		
Highest Grade Completed: <input type="checkbox"/> Less than HS <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Bachelor Degree or Higher			Highest Grade Completed: <input type="checkbox"/> Less than HS <input type="checkbox"/> Some College/AA Degree <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Bachelor Degree or Higher		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Stay at Home			Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Stay at Home		
Are you Currently in School? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not in School		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran	Are you Currently in School? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not in School		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran

**OTHER FAMILY MEMBERS SUPPORTED BY PARENT/GUARDIAN'S INCOME**

FIRST AND LAST NAME:	RELATIONSHIP TO GUARDIAN:	DATE OF BIRTH:

**ELIGIBILITY INFORMATION**

<b>SERVICES YOUR FAMILY RECEIVES:</b> (Check all that apply) <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> DCS Involvement <input type="checkbox"/> WIC	<b>EXPERIENCES YOUR FAMILY MAY HAVE HAD:</b> (Check all that apply, if occurred in past 12 months) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Incarceration <input type="checkbox"/> DCS Involvement <input type="checkbox"/> Health Issues <input type="checkbox"/> Loss of Parent <input type="checkbox"/> Military Deployment <input type="checkbox"/> Deportation <input type="checkbox"/> Language Barrier
Is this Child in Foster Care? <input type="checkbox"/> Yes or <input type="checkbox"/> No	

**HOW DID YOU HEAR ABOUT US?**    Website    Sibling Enrolled    Friend/Family    Flyer or Poster  
 HS/EHS Staff    Former Parent    Community Event    Community Agency    Other:

**PLEASE READ, SIGN AND DATE YOUR APPLICATION**

I understand that the information in this application will be held in strict confidence within the agency. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrollment of my child from Head Start/Early Head Start and could have serious legal consequences for me. NACOG Head Start/Early Head Start does not discriminate based on race, color, national origin, sex, disability, age, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Yes  No: I consent to pictures and videos being taken of my child at Head Start to be used in newspapers, brochures, TV, bulletin boards, and on social media sites for public relations and marketing purposes.

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

**DOCUMENTS YOU WILL NEED:**

- Completed Head Start/Early Head Start Application** (this form)
- Income Verification** – The documents need to show your income **for the past 12 months**. All parent or guardian income needs to be submitted. This includes, but not limited to:
  - **Latest Federal Income Tax Return (1040) or W-2's from All Employers**
  - **Pay Stubs for the Past 12 Months**
  - **Child Support**
  - **TANF and/or Supplement Security Income Award Letter**
- Birth Certificate(s)** (for child applicant)
- Immunization Record** (for child applicant)
- Current IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)** (for child applicant, if applicable)
- Legal Documents/Court Orders for Foster Child** (if applicable)

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