



Office Use Only

Date Application Received: _____ Received by: _____

Program Year Applying for (check one): 2025-2026 2026-2027

CHILD APPLICANT INFORMATION

Child's First Name: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Date of Birth _____ Current Age _____ Gender M F

Child's Race: Black/African American White Asian American Indian/Alaskan Native
 Hawaiian/Pacific Islander Multi-Racial/Biracial Other: _____ Hispanic: Yes No

English level: Proficient/Native Moderate Poor/little None

Other Language?: _____ Other Language level: Proficient/Native Moderate Poor/little None

Child's Medicaid Eligibility: On Medicaid/Eligible Not Eligible Potentially Eligible

Child's Primary Health Coverage: Medicaid State Insurance No Insurance Private

Insurance Number: _____ Other Health Coverage (if applicable): _____

Child's Primary Physician/Clinic: _____

Dental Coverage: _____ Child's Dentist: _____

Family insurance status: Entire family insured Entire family uninsured Just Children insured

PRIMARY ADULT- Related to child by blood, marriage, adoption, foster, or legal assignment

Adult's First Name: _____ Middle: _____ Last: _____ Suffix: _____

Date of Birth _____ Current Age _____ Gender M F

Race: Black/African American White Asian American Indian/Alaskan Native
 Hawaiian/Pacific Islander Multi-Racial/Biracial Other: _____ Hispanic: Yes No

English level: Proficient/Native Moderate Poor/little None

Other Language?: _____ Other Language level: Proficient/Native Moderate Poor/little None

HIGHEST Education Level: High School Grad GED/HiSet less than grade 9 grade 9 grade 10
 grade 11 grade 12 Some College/Advanced Training Associate's Degree Bachelor's Degree
 Master's Degree

Employment Status (check all that apply): Unemployed Full Time Part Time Retired or Disabled
 Training or in School Seasonally Employed Full Time & Training/School Part Time & Training/School

Relationship/title to Child: Mother Father Grandmother Grandfather Aunt Uncle Brother
 Sister Cousin Other: _____

Legal Relationship to Child: Biological Marriage (Step-Parent) Foster Adoption Custody Agreement

Marital Status: Single Domestic partnership—*not* child's biological mother/father

Domestic partnership—is child's biological mother/father Married—spouse present Married—separated

Custody of child? Yes No

Live in the same household as child? Yes No

Provide financial support and/or care for child? Yes No

TEEN parent (19 or younger) at the time of child's birth? Yes No

Do you receive subsidized childcare/day care? Yes No

Email Address: _____

Phone Number with area code <i>(Please provide more than 1 number with at least one cell number if possible.)</i>	Phone Type	When NOT to call	Can receive TEXT messages?
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECONDARY ADULT- ALSO Related to child by *blood, marriage, adoption, foster, or legal assignment*

NOTE: The Primary Adult's information should not be repeated in this section, if secondary adult does not live in the home, please list them on the emergency and authorized contact sheet.

Adult's First Name: _____ **Middle:** _____ **Last:** _____ **Suffix:** _____

Date of Birth _____ **Current Age** _____ **Gender** M F

Race: Black/African American White Asian American Indian/Alaskan Native

Hawaiian/Pacific Islander Multi-Racial/Biracial Other: _____ **Hispanic:** Yes No

English level: Proficient/Native Moderate Poor/little None

Other Language?: _____ **Other Language level:** Proficient/Native Moderate Poor/little None

HIGHEST Education Level: High School Grad GED/HiSet less than grade 9 grade 9 grade 10

grade 11 grade 12 Some College/Advanced Training Associate's Degree Bachelor's Degree

Master's Degree

Employment Status (check all that apply): Unemployed Full Time Part Time Retired or Disabled

Training or in School Seasonally Employed Full Time & Training/School Part Time & Training/School

Relationship/title to Child: Mother Father Grandmother Grandfather Aunt Uncle Brother

Sister Cousin Other: _____

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Domestic partnership—is child's biological mother/father Married—spouse present Married—separated

Custody of child? Yes No

Live in the same household as child? Yes No

Provide financial support and/or care for child? Yes No

TEEN parent (19 or younger) at the time of child's birth? Yes No

Do you receive subsidized childcare/day care? Yes No

Email Address: _____

Phone Number with area code <i>(Please provide more than 1 number with at least one cell number if possible.)</i>	Phone Type	When NOT to call	Can receive TEXT messages?
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL CHILDREN (Non-Applicants)

Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial/biracial	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None	Other Language?	Other Language Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial/biracial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None		<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial/biracial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None		<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial/biracial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None		<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial/biracial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None		<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial/biracial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None		<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Poor/little <input type="checkbox"/> None

Additional children can be added to the back if you run out of room.

Total # of people living in the child's household (including child) a part of his/her family? _____

FAMILY INFORMATION

Family's Living Street Address: _____ **Zip:** _____ **City:** _____

Is family's Mailing Address same as Street Address above? Yes No If no, please provide a mailing address.

Family's Mailing Street Address: _____ **Zip:** _____ **City:** _____

Do you have transportation? Yes No

If you answered "No" to the above question, will you need assistance with transportation? Yes No

Can you help another family with transportation to or from the center? Yes No

Household Status: One Parent/Guardian household Two Parent/Guardian household

Is English the primary language? Yes No

Learning a new language? Yes No

Homeless is defined as living:

- In a shelter (family shelter, domestic violence, youth, or temporary housing)
- In a motel, hotel, or weekly rate housing
- Doubled up with friends or relatives because cannot afford housing (i.e. not by choice)
- In an abandoned building, other inadequate accommodations, or a vehicle
- On the street

Do any of these situations describe your family's living situation? Yes No

Is your family experiencing homelessness? Yes No

Anyone in the family Active-Duty Military? Yes No

Anyone in the family a Military Veteran? Yes No

Referred by Child Welfare Agency (DCFS)? Yes No

Have you ever been displaced from home due to a hardship? Yes No

Has your child ever been in Foster or Kinship Care? Yes No

Select ALL Services Receiving:

- Food Stamps (SNAP) WIC TANF FITAP SSI Housing Services (Public Housing, Section 8)
- Utility/Energy Assistance Health Services Medicaid Private Insurance
- Mental Health Services Child Support Foster Care/Adoption Subsidy Emergency/Crisis Intervention
- Social Services other: _____
- NONE OF THE ABOVE

CHILD'S NEEDS

Does child have a disability (diagnosed by a doctor or specialist)? Yes No

If yes, what is the specific disability? _____

Does child receive any special education services? Yes No

If yes, what kind of services? _____

Does he/she have an Individual Education Plan or IEP or IFSP? Yes No

If yes, please provide detail. _____

Do **YOU** have any concerns about child in any of the areas listed below? If **YES**, please check appropriate item(s).

Hearing Vision Environmental Allergies Food Allergies Asthma Dental Problems Overweight

Underweight Seizures Anemia High Lead levels Diabetes

Other medical/dental/nutrition concern not listed above: _____

Other developmental concern not listed above: _____

Other speech/language development concern not listed above: _____

Other behavior/emotional concern not listed above: _____

(Only check if NO CONCERNS are listed above.) I have reviewed the concerns listed above, and child has NO NEEDS listed above at this time.

FAMILY NEEDS

Is your family living with (check all that apply, if any): drug abuse? alcohol abuse? incarceration?

child support issues? domestic violence? serious health issue? mental health issue? None apply to our family.

LEGAL ISSUES

Is your family currently dealing with legal issues such as (check all that apply, if any)

Family Court? Divorce? Custody? Probation? Restraining order(s)? Incarceration?

Other: _____? NO, MY FAMILY HAS NO LEGAL ISSUES.

If you checked any legal issues above, please clarify. _____

ADDITIONAL INFORMATION

Has your child previously been enrolled in an Early Head Start? Yes No

If yes, which one? _____

Has your child previously been enrolled in a Head Start? Yes No

If yes, which one? _____

Has your child previously been enrolled in a childcare or preschool Program? Yes No

If yes, which one? _____

Are YOU or a FAMILY MEMBER a staff member of Prime Time Head Start? Yes No

If yes, who? _____

Has your child had a sibling previously enrolled in the Prime Time Head Start program? Yes No

If yes, is he/she currently enrolled? Yes No Specify dates of attendance: _____ to _____

How did you hear about Prime Time Head Start? Word of mouth (friend/family) Flyer/Poster Billboard

Facebook Bus bench Radio Someone who works at Prime Time Head Start

Referred by an agency (WIC, Children's Coalition, child support services, DCFS, childcare subsidy, other)?
Specify agency: _____

OTHER resource not listed: _____

PARENT/GUARDIAN SIGNATURE NEEDED

I verify that I completed this application and provided true information.

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

PRIMARY/SECONDARY CONTACTS

PRIMARY Guardian Name: _____ Relationship to child: _____
Home Address (if different): _____
Work Address: _____
Home Phone: _____ Cell Phone: _____ Work/Other: _____

SECONDARY Guardian Name: _____ Relationship to child: _____
Home Address (if different): _____
Work Address: _____
Home Phone: _____ Cell Phone: _____ Work/Other: _____

EMERGENCY & AUTHORIZED CONTACTS

Please provide information for at least 2 people who are permitted to pick up your child from the Prime Time program, and whom we can contact if necessary in an emergency. Please note that we must have a letter on file that documents our agreement to have an authorized contact under 18 years of age pick up your child. **Please note that your child WILL NOT be released to anyone NOT on this list, with exception to legal unrestricted parents listed on the birth certificate.**

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Is there a court order in place that **restricts anyone from picking up your child?** (Non-custodial parent or other adult due to restraining order, child's foster or kinship status, etc.)? Yes No
If yes, please provide documentation, such as a copy of a court order to maintain in file and provide updates as needed

NAME of restricted person: _____ RELATIONSHIP TO CHILD: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Child Name: _____ Date of Birth: _____
Living Address: _____ City: _____ Zip: _____

ADDITIONAL EMERGENCY & AUTHORIZED CONTACTS

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Date Removed: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

Date Added Back: _____ Staff Initials: _____
Parent/Guardian Print: _____
Parent/Guardian Signature: _____

NAME: _____
Relationship to Child: _____
Living Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Other: _____
Parent Initials: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____