



Office Use Only

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Program Year Applying for (check one):  2024-2025  2025-2026

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: \_\_\_\_\_

<b>Phone Number with area code</b> <i>(Please provide more than 1 number with at least one cell number if possible.)</i>	<b>Phone Type</b>	<b>When NOT to call</b>	<b>Can receive TEXT messages?</b>
( )	<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: \_\_\_\_\_

**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: \_\_\_\_\_

<b>Phone Number with area code</b> <i>(Please provide more than 1 number with at least one cell number if possible.)</i>	<b>Phone Type</b>	<b>When NOT to call</b>	<b>Can receive TEXT messages?</b>
( )	<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: \_\_\_\_\_