PRIME TIME HEAD START

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: _____

Phone Number with area code *(Please provide more than 1 number with at least one cell number if possible.)*	**Phone Type**	**When NOT to call**	**Can receive TEXT messages?**
( )	□ Home □ Cell □ Work		□ Yes □ No
( )	□ Home □ Cell □ Work		□ Yes □ No
( )	□ Home □ Cell □ Work		□ Yes □ 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

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English level: □ Proficient/Native □ Moderate □ Poor/little □ None

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

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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

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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

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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 *(Please provide more than 1 number with at least one cell number if possible.)*	**Phone Type**	**When NOT to call**	**Can receive TEXT messages?**
( )	☐ Home ☐ Cell ☐ Work		☐ Yes ☐ No
( )	☐ Home ☐ Cell ☐ Work		☐ Yes ☐ No
( )	☐ Home ☐ Cell ☐ Work		☐ Yes ☐ No

ADDITIONAL CHILDREN (Non-Applicants)

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

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

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Is English the primary language? □ Yes □ No **Learning a new language?** □ Yes □ No

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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

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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: _____

PRIME TIME HEAD START

Child Name: ____________________________ Date of Birth: _____________
Living Address: ________________________ City:__________ Zip: ________

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: ___________________

PRIME TIME HEAD START

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: ____________________