



Head Start Application

Center applying for?

Concho

Concho – El Reno – Calumet
Geary - Okarche - Kingfisher

Canton

Canton - Watonga
Longdale - Seiling

Clinton

Clinton - Arapaho
Weatherford

Child's Name _____ Birthday _____ SSN _____

Enrolled member: Child Parent Grandparent Sex: Male Female

Tribal Enrollment (if applicable) _____

If not Native American, what is the race of the child?

Caucasian

African American

Hispanic

Other _____
Please Specify

Parent/Guardian _____ Birthday _____

Parent/Guardian _____ Birthday _____

Mailing Address _____ City _____ Zip _____

Cell phone _____ Home phone _____

Email _____

Finding Address _____

Total Number of Family Members _____ Language Spoken in the Home _____

Father's Employment _____ Work Phone _____

Mother's Employment _____ Work Phone _____

Check All That Apply: Parent/Guardian in School Two Parent Family Single Parent

Step Parent

Foster Parent

Teen Parent

Other



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Does the family receive either of the following?

- Temporary Assistance for Needy families (TANF) Social Security Income (SSI)

Does the child have any of the following?

- Health Insurance Policy Number _____
- Medicaid/Sooner Care Policy Number _____
- Dental Insurance Policy Number _____

Does your child have a Disability? Yes No (If yes, please attach documentation)

Attach copies of the following documents:

(We can not process this application without the following information)

Income Verification:

- Paycheck Stub W-2 Tax Return Letter from Employer Other
- Birth Certificate
- Current Immunization Record
- Social Security Card
- Medicaid or Health Card
- CDIB (if applicable)
- Court Documents (if applicable)
- IEP/Disabilities Documents (if applicable)

I affirm that the above information is true and correct to the best of my knowledge, if changes occur, I will notify the Head Start Program.

Signature of Parent/Guardian

Date

Signature of Staff

Date