



Head Start/Early Head Start Application

Wayne County Action Program * 11359 Ridge Rd. Huron, NY 14489



For more information, please call 315-331-8172 or visit our website at www.waynecap.org.

Child's first name		Child's Last Name		Date of Birth	Female Male
Child's Street Address			City	Zip	County of Residence
Primary Phone #		Cell Phone #		Social Security #:	
Home Language:	Ethnicity: Hispanic/Latino Non-Hispanic/Latino		Race: African American Asian White American Indian Pacific Islander		
Child's Health Insurance: No Yes: type _____		Child's Allergies:		Has your child attended Head Start before? No Yes	
Does your child have a medical diagnosis or disability? _____					
Does your child have an IEP or an IFSP? Yes No					
Name of Doctors, Specialists, Agencies, or School District working with my child or family?					
Child resides with: _____ Are there Custody papers? _____					
Both Parents Mother only Father only Grandparents Foster Parents Other: _____					
Mother/Guardian's Name:		Date of Birth:	Social Security #:	Are you pregnant? Due Date:	
Highest Level of Education:		Relationship to Child:	Employment: F/T P/T Unemployed Occupation:		
Are you receiving Mental Health Service?	Ethnicity: Hispanic/Latino Non-Hispanic/Latino		Race: African American Asian White American Indian Pacific Islander		
Address same as child: Yes Rent Own No _____			Home/Cell Phone # _____ Work Phone # _____		
Parent health insurance: No Yes: type _____	Active Military: Yes No	Veteran: Yes No	# in Family: # in House:	Parent currently in School? Name:	
Father/Guardian's Name:		Date of Birth:	Social Security #:	Live in home: Yes No	
Highest Level of Education:		Relationship to Child:	Employment: F/T P/T Unemployed Occupation:		
Are you receiving Mental Health Service?	Ethnicity: Hispanic/Latino Non-Hispanic/Latino		Race: African American Asian White American Indian Pacific Islander		
Address same as child: Yes No _____			Home/Cell Phone # _____ Work Phone # _____		
Parent health insurance: No Yes: type _____	Active Military: Yes No	Veteran: Yes No	Parent currently in School? Name:		
How did you hear about our program?					
Family Email:					

Part 2: Parent/Legal Guardian Child or Dependents					
Last Name:	First Name:	Age	Date of Birth:	Currently lives in home:	Gender:
				YES NO	Male Female
				YES NO	Male Female
				YES NO	Male Female
				YES NO	Male Female
				YES NO	Male Female
				YES NO	Male Female

Part 3: Statement of Certification		
<p>I understand that as an applicant for this program, I must provide information on my income, child's birthdate, health insurance and custody papers, if applicable. I understand that program staff reserves the right to review this information and to make eligibility determinations for this program. I further understand that this application does not guarantee that my child will be in Early Head Start or Head Start. I understand that my child may be placed on a waiting list until an opening occurs.</p>		
<p>I certify that the information provided by this application is true and accurate to the best of my knowledge. I understand that if I knowingly provide false/conflicting information, my child will be found ineligible for the Wayne CAP, Head Start Program.</p>		
<p>All information will be kept confidential and Head Start/Early Head Start complies with all statues relating to nondiscrimination.</p>		
Print Parent Name:	Signature:	Date:

Case

Notes: _____

Print Staff Name:	Signature:	Date:
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