Fond du Lac
Head Start Programs

1720 Big Lake Road
Cloquet, MN
218-878-8100 or Fax-878-8115

2017-2018 Application

Legal Name of Child:		Who does this child live with < 50% ?
Sex: Male ☐ Female ☐	Child's Date of Birth:	Child's Age on 9/1/2017:
Childs Home Address:	Was this child referred for services by Child Wefare Agency Yes: ☐ No: ☐ If Yes, What County?	
City:	State:	Zip: / County:
Name of Primary Caregiver:	**Name of Secondary Caregiver**:	
Relationship to Child:	Relationship to Child:	
Phone Number:	Phone Number:	
Additional Phone:	Additional Phone:	

What Program(s) Are You Interested In For This Child?

Early Head Start (Ages 0-3)

☐	Early Head Start 7:45-2:00
☐	Home Based Program

Head Start (Ages 3-5)

☐	Head Start 7:45-2:00

Child **MUST be 3 by September 1st of 2017 to be eligible for Head Start (ages 3-5)**

What Is Your Child's Ethnicity? (check all that apply)

☐ Asian
☐ Black/African American
☐ Other:_____
☐ Native American/Alaskan Native
☐ Native Hawaiian
☐ White
☐ Bi-Racial/Multi-Racial

Is You Child Hispanic/Latino ☐ Yes ☐ No

My Child Has Tribal Affiliation With: (list tribe)

Name of Person Enrolled:

Person Enrolled: ☐ Child ☐ Parent ☐ Grandparent

Verified on:_____ By:_____

OFFICE USE ONLY

My Child Is Currently Receiving: (check all that apply)

☐	Child Care Assistance	☐	Supplemental Security Income(SSI)	☐	WIC
☐	MFIP- Cash Assistance	☐	Food Stamps (SNAP)		

Application MUST be returned to the Head Start Office with Income Verification. Please bring one of the following documents when you return the application:

• Pay Stub • Public Assistance ID Number • W-2 • Tax Forms

CONTINUED ON BACK

Is this child currently receiving services for a disability? ☐ Yes ☐ No

☐ Medical ☐ Physical ☐ Emotional ☐ Educational Special Needs

☐ Other:_____

Do you have concerns about this child's development? ☐ Yes ☐ No

☐ Speech ☐ Learning ☐ Health ☐ Physical ☐ Emotional

☐ Psychological ☐ Behavioral ☐ Other:_____

How many people live in your household (including all adults and children)?

_____

Is this child currently in Foster Care? ☐ Yes ☐ No If yes, what county? _____

Name of Social Worker?_____

My Household currently has NO INCOME: ☐ Yes **If yes a No Income Form MUST be filled out**

My Household receives a Tribal Per-capita Payment: ☐ Yes ☐ No Amount:_____

Please check ALL that apply for your child. This information will only be used to assist us in determining enrollment priority along with income eligibility

	Transitioning Student from Early Head Start to Head Start
	Single Parent
	Teen Parent
	Parent/Guardian(s) in school
	Parent/Guardian(s) has at least a part time job
	Parent/Guardian(s) needs/wants high school diploma/GED
	No prenatal care
	Child with serious health issue
	Child has history of neglect
	Alcohol/drug abuse in child's family
	Domestic violence history in child's family
	Multiple families under one roof
	Family caring for elder in home
	Child has identified disability/special need/mental health issue
	Family history of diabetes
	Family is homeless-lack a fixed, regular, and adequate night time residence
	Child of Incarcerated Parent

Caregiver filling out application:_____ Date: _____

Signature

Please print name: _____

Staff Use Only:	
Received by:	Date: