



Head Start Program

Thank you for your interest in the Head Start Program.

This application does NOT guarantee placement in the Head Start Program.

You will be contacted to set up an appointment to determine eligibility.

It is critical that the phone numbers provided are correct.

PLEASE PRINT

Date of Application _____

Parent's Name _____ Parent's DOB _____
(first name) (last name)

Family Size _____ (number of family members living in the household supported by parent including applicant)

Family Income \$ _____ per year

Please check all that apply: homeless SSI foster care TANF

Child's Name (as it appears on Birth Certificate) _____
(first) (middle) (last)

Child's DOB _____ Child's Race _____ Household's Primary Language _____

Gender Male Female Does your child have an IEP? YES NO

Please list all additional family members living in household.

First Name _____ Last Name _____ DOB _____ Race _____

First Name _____ Last Name _____ DOB _____ Race _____

First Name _____ Last Name _____ DOB _____ Race _____

First Name _____ Last Name _____ DOB _____ Race _____

Address _____

City, State, Zip _____

Phone (daytime) _____ (evening) _____ (cell) _____

Email _____

Was your child previous enrolled in Early Head Start or Head Start? YES NO

If yes, what school or location _____

What Head Start location are you interested in? _____

**School Office Personnel: Please send the completed Head Start applications to the appropriate school, attn.:
Head Start Family Advocate or Clearlake Education Center, attn.: Head Start Family Services Manager.**