



# Sheboygan County Head Start Child Application

RETURN TO: Sheboygan County Head Start  
4350 Tower Drive  
Sheboygan, WI 53081  
Phone: 920-458-1154  
Fax: 920-458-0451

### Return Application with the following items:

- Proof of receipt of Child Care Assistance, SSI, or W-2 cash payments **or**
- Proof of Income (tax return, check stubs, unemployment, child support...)
- Child's Original Birth Certificate
- Child's Immunization Records
- Any Legal or Custody Paperwork (if applicable)

If you are having trouble obtaining any of the materials requested to complete your child's application, please contact our Main Office at the number listed above and ask to speak to a Family Support Specialist

**How did you find out about Head Start?** Flyer Friend Paper Past Head Start Family Other \_\_\_\_\_  
Referred by \_\_\_\_\_  
(Agency/person)

\*\*\*ALL INFORMATION IS KEPT CONFIDENTIAL WITHIN SHEBOYGAN COUNTY HEAD START\*\*\*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Race/Ethnicity: American Indian Asian Hispanic/Latino White African American  
Native Hawaiian or Other Pacific Islander Bi-Racial/Multi-Racial Other

Language(s) Spoken: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Gender Male Female

How well does this child speak English? Very Well Well Not Well Not at All English spoken at home Yes No

Home Address \_\_\_\_\_  
Street Apt # City Zip

Busing Address \_\_\_\_\_  
(if different than home address) Street Apt # City Zip

Family currently has a means of transportation Yes No

Family is willing to transport child to and from Head Start Yes No

Child has/had a high lead level: Yes (now) Yes (in the past) No Don't Know

I have concerns about my child's overall health or development: Yes No Unsure

Check any concerns: Speech/Language Learning Behavior Vision Hearing Other \_\_\_\_\_

Concerns expressed by: Primary Care Provider Family Member Social Service Agency  
School/Daycare Other Person or Agency \_\_\_\_\_

Child has/had:  IFSP through a B-3 agency (RCS/Progressive Beginnings)  IEP through the school district

Child/Family previously enrolled in Head Start or other child development program: Yes No

If "yes" is answered, please specify which program(s) and date(s) of attendance:

- Early Head Start Dates: \_\_\_\_\_
- RCS Birth to 3/Progressive Beginnings Dates: \_\_\_\_\_
- Family Resource Center – Parents As Teachers Dates: \_\_\_\_\_
- English Language Learners Dates: \_\_\_\_\_
- Even Start/Sheboygan Family Literacy Program Dates: \_\_\_\_\_
- Other Head Start (where) \_\_\_\_\_ Dates: \_\_\_\_\_
- Early Childhood Special Education Dates: \_\_\_\_\_
- Other (ELC, etc) \_\_\_\_\_ Dates: \_\_\_\_\_



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**Child's 1<sup>st</sup> Parent/Guardian** \_\_\_\_\_ Gender  Male  Female

Relationship to enrolling child (parent, foster parent, grandparent, etc) \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_ Currently pregnant  Yes  No

Home Address \_\_\_\_\_  
Street Apt # City Zip

Resides in child's home  Yes, all the time  Yes, some of the time  No, never

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Race/Ethnicity:  American Indian  Asian  Hispanic/Latino  White  African American  
 Native Hawaiian or Other Pacific Islander  Bi-Racial/Multi-Racial  Other

Language(s) Spoken: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

How well does this person speak English?  Very Well  Well  Not Well  Not at All

Circle highest year completed in school: 9 10 11 12 13 14 15 16 17 18

Has a high school diploma or GED certificate:  Yes  No  Currently working on it

Primary occupational status (check all that apply):  Paying Job  In School  In job training program  
 Unemployed  Not Applicable  Other \_\_\_\_\_

Work Days/hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Can we call you at work?  Yes  No

**Child's OTHER Parent/Guardian** \_\_\_\_\_ Gender  Male  Female

Relationship to enrolling child (parent, foster parent, grandparent, etc) \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_ Currently pregnant  Yes  No

Home Address \_\_\_\_\_  
Street Apt # City Zip

Resides in child's home  Yes, all the time  Yes, some of the time  No, never

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Race/Ethnicity:  American Indian  Asian  Hispanic/Latino  White  African American  
 Native Hawaiian or Other Pacific Islander  Bi-Racial/Multi-Racial  Other

Language(s) Spoken: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

How well does this person speak English?  Very Well  Well  Not Well  Not at All

Circle highest year completed in school: 9 10 11 12 13 14 15 16 17 18

Has a high school diploma or HSED/GED certificate:  Yes  No  Currently working on it

Primary occupational status (check all that apply):  Paying Job  In School  In job training program  
 Unemployed  Not Applicable  Other \_\_\_\_\_

Work Days/hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Can we call you at work?  Yes  No



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List **all** other children in the home

Child's Name	Gender		Child's Date of Birth	Relationship to Enrolling child (sister, brother, cousin)	Attended Head Start		Years attended Head Start
	M	F			Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- Family Type:  Two Parents  Foster/Kinship Family (Social Worker) \_\_\_\_\_  
 Single Parent (mother only)  Single Parent (mother only) living w/partner  
 Single Parent (father only)  Single Parent (father only) living w/partner  
 Other Relatives  Other Family Type \_\_\_\_\_

Number of Adults in the home \_\_\_\_\_  
 Number of Children in the home \_\_\_\_\_  
 Number of adults contributing to income \_\_\_\_\_  
 Number of times the family has moved in the last year \_\_\_\_\_  
 Family is currently homeless  Yes  No  
 Family has been homeless in the last year  Yes  No

- Types of services or financial assistance received (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> No Services Received         | <input type="checkbox"/> Badger Care/Medical Assistance/ Healthy Start |
| <input type="checkbox"/> Food Stamps                  | <input type="checkbox"/> W2 Cash Payments                              |
| <input type="checkbox"/> WIC                          | <input type="checkbox"/> Supplemental Security Income                  |
| <input type="checkbox"/> Foster Care/Adoption Subsidy | <input type="checkbox"/> Unemployment Insurance                        |
| <input type="checkbox"/> Kinship Funds                | <input type="checkbox"/> Child Care Assistance                         |
| <input type="checkbox"/> Public Housing Assistance    | <input type="checkbox"/> Child Support/Alimony                         |
| <input type="checkbox"/> Energy Assistance Program    | <input type="checkbox"/> Other/Specify _____                           |

How long has your family been receiving these services: \_\_\_\_\_

- Family has medical insurance (mark yes even if it is Badgercare)  Yes  No  
 Family has a regular medical doctor for the child  Yes  No  
 Family has a regular dentist for the child  Yes  No  
 Family has applied for SSI, (supplemental security income)  Yes  No

Child is cared for by someone other than Parents / Guardians  Yes  No  Arranging

Older sibling  Other Relatives  Adult non-relative in their home  Adult non-relative in child's home  
 Public School Pre-K program  Child Care Center \_\_\_\_\_  Other \_\_\_\_\_



# Sheboygan County Head Start Child Application

**Please number your class preference (1<sup>st</sup> choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice, 4<sup>th</sup> choice):**

\_\_\_\_\_ AM (8:30-12:00)    \_\_\_\_\_ PM (12:00-3:30)    \_\_\_\_\_ Extended Day 4K (8:30-3:30)

\_\_\_\_\_ Full Day/Full Year (M-F 6:00-6:00) with fee for child care

\*Head Start will make every effort to assign your family to the class of your choosing, but can not guarantee that placement.  
By not making a choice you are asking for whatever position we have available.

**Please list any additional information about your child or family:**

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**\*\*Please list someone we can contact in case your information changes\*\***

**Additional Contact Name** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Relationship to the family applying** (grandma, friend, boyfriend, etc) \_\_\_\_\_

I certify that the information provided in this application is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print** Parent/Guardian Name: \_\_\_\_\_

**\*\*SHEBOYGAN COUNTY HEAD START DOES NOT DISCRIMINATE  
BASED ON RELIGION, RACE/ETHNICITY, SEX, OR DISABILITY\*\***