



APPLICATION FOR HEAD START
SOLICITUD PARA HEAD START

Any Questions? Call / ¿Preguntas? Llame (866) 573-4274

VISIT WEBSITE FOR PROGRAM OPTIONS/VISITE EL SITIO WEB PARA CONOCER
LAS OPCIONES DEL PROGRAMA: www.childstartinc.org

FOR STAFF USE ONLY:

Application received:
Date:
Time:
Transitioning

A. PREFERRED PROGRAM OPTION (Check preference)/OPCION DE PROGRAMA PREFERIDO (Marque su preferencia)

Form section A containing checkboxes for Center, Family Child Care Home, and Home Base, along with fields for preferred city, location, and dates.

B. APPLICANT CHILD OR PREGNANT MOTHER/ NIÑO SOLICITANTE O MADRE EMBARAZADA

Form section B containing fields for applicant name, last name, birth date, gender, primary language, race, and IEP/IFSP status.

C. FAMILY INFORMATION/ INFORMACION DE LA FAMILIA

Form section C containing fields for family size, parental status, relationship to child, home address, and mailing address.

Parent/Guardian 1/ Nomb de Padre/Tutor 1:

Form section for Parent/Guardian 1 containing fields for name, birth date, gender, phone number, and permission to text.

Form section for Employment Status/Situación actual de empleo with checkboxes for various employment types.

Form section for Highest Grade Completed/Grado más alto completado with checkboxes for educational levels.

Parent/Guardian 2/ Nomb de Padre/Tutor 2

Form section for Parent/Guardian 2 containing fields for name, birth date, gender, phone number, and permission to text.

Form section for Employment Status/Situación actual de empleo with checkboxes for various employment types.

Form section for Highest Grade Completed/Grado más alto completado with checkboxes for educational levels.

D. OTHERS IN THE HOME SUPPORTED BY INCOME/ OTROS EN EL HOGAR SOPORTADOS POR INGRESOS

Table with 5 columns: First Name, Last Name, Birth Date, Gender, How Related to Primary Adult, and Primary Language. Rows 1-5.

I certify that this information is true and that incorrect information may disqualify my family from the program. Yo afirmo que esta información es verdadera y que información incorrecta puede descalificar a mi familia de este programa.

Form section for signatures and dates, including fields for Parent/Legal Guardian Signature, Print Name, and Date.

When completed: Return to any Child Start Center; fax to (707) 265-1257; Email to erseateam@childstartinc.org
Mailing Address/dirección de correo postal: 439 Devlin Road Napa, CA 94558 Attn: ERSEA

Cuando este completada: lleve a cualquier centro de Child Start; por fax al (707) 265-1257; por correo electronico a erseateam@childstartinc.org

## INSTRUCTIONS TO COMPLETE THIS FORM

**FORM:** Application for Head Start

**PURPOSE:** To collect information for families interested in receiving Early Head Start or Head Start Preschool services for a child 0-5 or pregnant parent.

**WHO FILLS OUT:** Parent/Guardian of applicant child or pregnant parent

**HOW TO COMPLETE:** Parent/Guardian of applicant child or pregnant parent must complete section A-D of the application, date and sign with their legal signature. The FOR STAFF USE ONLY box must be completed by the Child Start staff receiving signed application to include both the time and date received.

**WHEN TO COMPLETE:** Applications can be completed at any time during the year for children 0-5 or pregnant parent who resides in Napa, Solano or Contra Costa County. An updated application should be completed in the following circumstances:

- An applicant or enrolled child enters foster care or is reunified with a parent for which there is no active application.
- A child enrolled in the Early Head Start program turns 33 months, and the family is interested in applying for the Head Start Preschool program.

**SUBMIT:** An application can be turned in to any Child Start center\*, mailed or turned in to Child Start's Administrative Office at 439 Devlin Rd., Napa CA 94558 attn: ERSEA, faxed to 707 265-1257, or e-mailed to [erseateam@childstartinc.org](mailto:erseateam@childstartinc.org)

\*An application received at an Early Head Start or Head Start Preschool center must be scanned or faxed to the ERSEA department upon receipt. The application must be kept in a designated, secure and confidential location and hand delivered to the ERSEA/Data Systems team within 3 business days.