

Child Applicant Information



Child's Name:

Child's Gender:

Child's Date of Birth:

Child's Ethnicity:

Child's Race:

Child's Primary Health Provider:

Child's Primary Dental Provider:

Additional Applicant Information

Child's Name:

Child's Gender:

Child's Date of Birth:

Child's Ethnicity:

Child's Race:

Adult Information

| Name | Relationship | D.O.B | Gender/Race | Ethnicity |
|------|--------------|-------|-------------|-----------|
| | | | | |
| | | | | |

Employment

Proof of income will need to be provided for all parents/guardians living in the same household.

Are parents/guardians employed? Yes No

If yes, who?

Annual Income:

Additional:

Annual Income:

Family Information

Family Type:

Physical Address

City

Zip Code

Mailing Address

City

Zip Code

Phone

| Name: | Home | Cell | Work |
|-------|------|------|------|
| | | | |
| | | | |

Primary Language:

Insurance Provider:

Check all that apply:

TANF

SSI

Referred

Active Military

Parent/Guardian Signature:

Zaasijiwan Head Start

Phone: 715-588-4333

Fax: 715-588-9576

Email: debra.hagamon@ldftribe.com



**OFFICE
USE ONLY**



Date Received: _____ **Staff** **Application**
Initials: _____ **#** _____ **Site:** _____

This application does not ensure enrollment. You will be notified regarding the status of your application as soon as possible.



**HEAD
START**

Additional Child

Child's Legal Name: Last First

Child's Gender: **Child's Date of Birth:**

Child's Ethnicity: **Race:**

Additional Child

Child's Legal Name: Last First

Child's Gender: **Child's Date of Birth:**

Child's Ethnicity: **Race:**

Additional Child

Child's Legal Name: Last First

Child's Gender: **Child's Date of Birth:**

Child's Ethnicity: **Race:**

Additional Child

Child's Legal Name: Last First

Child's Gender: **Child's Date of Birth:**

Child's Ethnicity: **Race:**

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