



# **Samish Longhouse Head Start Program**

## **Application 2011-2012**

**Classroom selections have already been determined for the 2011-2012 School Year, but we maintain a Wait List throughout the year. Wait List rankings are based on your determined need score, and not by submission date.**

In order to process your attached application we will need the following documents:

- Proof of Income**
- Child's Birth Certificate**
- Child's Immunizations or Certificate of Exemption**

**Thank you! Please feel free to contact us with any questions!**



**Samish Head Start Program**  
**1618 D Avenue Anacortes, WA 98221**  
**(360) 588-8806 ph ~ (360) 588-1091 fax**

**Head Start Enrollment**

**Child Information:**

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
*First name MI Last name*

**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **Application Date:** \_\_\_\_\_

**Race/Ethnicity**

- American Indian or Alaskan Native
- Bi-racial/Multi-racial
- Native Hawaiian or other Pacific Islander
- Samish Tribe
- Asian
- Black or African American
- White
- Other \_\_\_\_\_
- Child's ethnicity is Hispanic or Latino

**Comments:** \_\_\_\_\_

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

**English Speaking Ability:**  Very Well  Well  Not Well  Not at All

**Concerns about Child's Overall Health and Development:**  Yes  No

**Describe Concerns:** \_\_\_\_\_

**Concerns expressed by:**

- Medical Provider
- Family Member
- Other: Specify \_\_\_\_\_
- Social Service Agency
- EHS Program Staff
- Head Start Staff

**Does Child Have? Diagnosed Disability**  Yes  No **IEP**  Yes  No

**Child Has:** Private Insurance \_\_\_\_\_ Medical Coupons \_\_\_\_\_ No Coverage \_\_\_\_\_

**Child Previously Enrolled in Head Start or Other Childhood Development Program:**

Yes  No

**Program** \_\_\_\_\_ **Dates of attendance:** from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Child Care Information**

Is child in child care in addition to participating in Head Start?  Yes  No

**If yes, specify Day Care Provider(s) (Mark all that apply):**

- Older sibling under age 12
- Older sibling age 12 or older
- Relative
- Adult non-relative in child's own home
- Adult nonrelative in nonrelative's home
- Child Care center
- Not yet arranged
- Other: Specify \_\_\_\_\_

**Income and Services**

**Services or Financial Assistance Currently Receiving**

- Medical financial assistance (i.e. Medicaid/Medicare)
- Public housing assistance
- Public Assistance/Welfare (i.e. TANF/AFDC)
- WIC
- Supplemental Security Income (SSI)
- Foster care/Adoption subsidy
- Unemployment insurance

**No services received**

- Food Stamps
- Child support/alimony
- Energy program assistance
- EPSDT
- WWIETP, Work First
- Working Connections Child Care
- Other: Specify \_\_\_\_\_

**Income Over Last 12 Months or Last Calendar Year \$** \_\_\_\_\_

**Please Indicate Any Issue(s) That Has Affected or Is Now Affecting The Family or Family Members:**

- Documented or Suspected Domestic Violence
- Documented or Suspected Child Abuse or Neglect
- Chronic Health Problems
- Active Military
- Family Need (describe) \_\_\_\_\_
- Major Family Change Crisis (describe) \_\_\_\_\_
- Referred by an Agency or Professional (Documented) \_\_\_\_\_
- Housing or Utilities
- Parental Substance Abuse
- Mental Health
- High Risk Family (describe) \_\_\_\_\_

Dose your family have any immediate concerns that you would like Head Start to be aware of?



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**Parent/ Guardian Information**

**1<sup>st</sup> Parent/ Guardian Name:** \_\_\_\_\_  
*First name MI Last name*

**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **Relationship to Child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 Street Apt. # City Zip Code

**Mailing Address:** \_\_\_\_\_  
 Street Apt. # City Zip Code

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Person Resides in the Same Household as Child:**  Yes, all of the time  Yes, some of the time  No, never

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

**English Speaking Ability:**  Very well  Well  Not Well  Not at all **Race/Ethnicity** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Person is Currently Pregnant:**  Yes  No  Not Applicable

**Employment Status**

- Full-time (more than 34 hours weekly)
- Part-time
- Seasonal-Non Agricultural
- Seasonal-Agricultural
- Employed and in school
- In job training or in school
- Homemaker
- Retired
- Unable to work due to disability
- Unemployed

**Education Level**

- Bachelor or Advanced Degree
- College degree or Training Certificate
- Trade/business qualification
- Some Collage/Vocational/Associates
- High school diploma or GED
- Grade 11
- Grade 10
- Grade 9 or less
- Other: Specify \_\_\_\_\_

**School/Employer Name** \_\_\_\_\_

**Is person Willing to Pursue Additional Education/Job Training:**  Yes  No

**2<sup>nd</sup> Parent/ Guardian Name:** \_\_\_\_\_  
*First name MI Last name*

**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **Relationship to Child:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 Street Apt. # City Zip Code

**Mailing Address:** \_\_\_\_\_  
 Street Apt. # City Zip Code

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Person Resides in the Same Household as Child:**  Yes, all of the time  Yes, some of the time  No, never

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

**English Speaking Ability:**  Very well  Well  Not Well  Not at all **Race/Ethnicity** \_\_\_\_\_

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**School/Employer Name** \_\_\_\_\_

**Is person Willing to Pursue Additional Education/Job Training:**  Yes  No



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**Additional Family Members Information:**

Name	Date of Birth	Gender	Does Person Lives With Child	Race/Ethnicity	Relationship to Child	Education Highest Grade Completed	Does This Person Have a Job? Go to School?

**Household Information:**

**Number of Adults in Family** \_\_\_\_\_ **Number of Children in Family** \_\_\_\_\_ **Number of People in Household** \_\_\_\_\_

**Family Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Two parent family                         | <input type="checkbox"/> Foster family   |
| <input type="checkbox"/> Single parent family (mother figure only) | <input type="checkbox"/> Single parent family (mother figure only) living with partner |
| <input type="checkbox"/> Single parent family (father figure only) | <input type="checkbox"/> Single parent family (father figure only) living with partner |
| <input type="checkbox"/> Other relative(s)                         | <input type="checkbox"/> Other family type: Specify _____                              |

**Housing Payment Arrangement:**

- Own  
 Rent  
 Receive subsidized housing  
 Other: Specify \_\_\_\_\_

**Type of Housing:**

- House  
 Apartment  
 Mobile home/trailer  
 Homeless  
 Other: \_\_\_\_\_

**Length of Time at Current Address:**

- Less than 6 months  
 6 - 12 months  
 1 - 2 years  
 More than 2 years

**Does Home Have Environmental or Safety Hazards?**       Yes     No

**Number of Times Family Moved in the Past 12 Months:**

- Family has not moved     Once     Twice     Three times     Four or more times

**Homeless in Past 12 Months (Including currently homeless):**

Yes     No

**Length of time homeless:**

- Less than 1 month     3 - 6 months  
 1 - 3 months         More than 6 months

Family acquired housing during enrollment:  Yes     No

**Family Currently Has Means of Transportation:**     Yes     No

**Primary mode(s) of transportation used (Mark all that apply):**

- Private vehicle (car, truck, van)     Public transportation (bus, taxi)  
 Friend's or relative's vehicle         Other:

**Family has alternate means of transportation:**     Yes     No

**How Did You Hear About Samish Head Start?** \_\_\_\_\_

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