



ENROLLMENT APPLICATION

CHILD		Information about the applicant child (Leave BLANK if Pregnant Mom Application)			
First Name		M.I.	Last Name		Date of Birth
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		<input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other/Unspecified
Primary Language	Secondary Language	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Primary Language Spoken at Home	

PRIMARY PARENT (A)		Information about the child's primary parent/guardian or Pregnant Mom Applicant			
First Name		M.I.	Last Name		Date of Birth
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____	
Primary Language	Secondary Language	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> School <input type="checkbox"/> Retired or Disabled	Highest Grade Completed <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor Degree/Higher	Relationship to Child: <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent/Legal Guardian <input type="checkbox"/> Other: _____		Parental Status <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Two Parent Household	

PARENT/CAREGIVER (B)		Information about the child's secondary parent/guardian			
First Name		M.I.	Last Name		Date of Birth
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____	
Primary Language	Secondary Language	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Lives in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> School <input type="checkbox"/> Retired or Disabled	Highest Grade Completed <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor Degree/Higher	Relationship to Child: <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent/Legal Guardian <input type="checkbox"/> Other: _____		If parent (B) does not live in the household, does parent (B) provide financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER HOUSEHOLD MEMBERS		List OTHER family members that are supported by the child's parent(s)/guardian(s) income			
First, Middle Initial, Last Name		Date of Birth	Gender	Relationship to child	
			<input type="checkbox"/> Female <input type="checkbox"/> Male		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		

Child's Name/Pregnant Mom (Applicant): _____

Date of Birth: _____

CHILD'S HOME		Information about the family's living situation / Contact information	
Living Address		City	Zip Code
Mailing Address (if different)		City	Zip Code
Home Phone: () _____		Can we text you?	Email Address
Cell Phone (Primary Parent): () _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone (Secondary Parent): () _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Status <input type="checkbox"/> Own home/apartment <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rent home/apartment <input type="checkbox"/> Living with relatives/friends <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Vehicle <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: _____		Is your family's housing situation temporary or inadequate? <input type="checkbox"/> No (family has fixed/regular/adequate housing) <input type="checkbox"/> Yes If answered yes, a staff member will assist you with a Housing Survey	

CHILD'S HEALTH		Information about the Child's health, medical insurance, and other concerns	
Does the child have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child have Health or other concerns?	
Insurance Type (check all that apply) <input type="checkbox"/> Medi-CAL: # _____ <input type="checkbox"/> Alameda Alliance <input type="checkbox"/> Blue Shield <input type="checkbox"/> Kaiser <input type="checkbox"/> Other		<input type="checkbox"/> Child has an IEP/IFSP (child with a diagnosed disability) <input type="checkbox"/> Child has allergies <input type="checkbox"/> Child has asthma <input type="checkbox"/> Child needs to take medication <input type="checkbox"/> Nutrition <input type="checkbox"/> Vision Concerns <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other: _____	

FAMILY SERVICES		Information about benefits/services received by family and other situations	
Active Child Protective Services (CPS) Case? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cash-Aid Assistance/Benefits <input type="checkbox"/> SSI (Supplemental Income) <input type="checkbox"/> CalWORKS (TANF/Cash Aid)	
		Nutrition <input type="checkbox"/> Family receives Food Stamps <input type="checkbox"/> Family receives WIC benefits	

PROGRAM OPTIONS		Please select the program options you are applying for your child	
Early Head Start Program (0-2 years) <input type="checkbox"/> I am applying for Center Based (Traditional classroom setting) <input type="checkbox"/> I am applying for Home Based (Teacher provides weekly Educational Home Visit) <input type="checkbox"/> I will consider any available options		Head Start Program (3-5 years) <input type="checkbox"/> I am applying for Part-Day options (08:30am-12:00pm or 1:00pm-4:30pm) <input type="checkbox"/> I am applying for Full-Day options (08:30am-3:30pm or 08:30am-4:30pm) <input type="checkbox"/> I will consider any available options	
Name of Center (1st Choice)	Name of Center (2nd Choice)	Name of Center (3rd Choice)	

How did you hear about our program? Friend/Family Flyer/Brochure Online Community Agency Other: _____

Is the applicant an immediate relative to an employee of City of Oakland HS/EHS Program? No Yes

PARENT/GUARDIAN ACKNOWLEDGEMENT

I certify under penalty and perjury that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until all documentation required is submitted, reviewed, and verified.

Signature: _____ Date: _____

FOR STAFF USE ONLY		
Receipt Date: _____	Staff Name: _____	Staff Initials: _____
Received /Method: In-Person: <input type="checkbox"/> Central Office <input type="checkbox"/> HS/EHS Site: _____ <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail		
Application Type: <input type="checkbox"/> First Year <input type="checkbox"/> Third Year (HS) <input type="checkbox"/> Transition Application		