



**ENROLLMENT APPLICATION**

<b>CHILD</b>		<b>Information about the applicant child (Leave BLANK if Pregnant Mom Application)</b>			
<b>First Name</b>		<b>M.I.</b>	<b>Last Name</b>		<b>Date of Birth</b>
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Ethnicity</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic	<b>Race</b> <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
<b>Primary Language</b>	<b>Secondary Language</b>	<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<b>Primary Language Spoken at Home</b>	

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

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

<b>OTHER HOUSEHOLD MEMBERS</b>		<b>List OTHER family members that are supported by the child's parent(s)/guardian(s) income</b>			
<b>First, Middle Initial, Last Name</b>		<b>Date of Birth</b>	<b>Gender</b>	<b>Relationship to child</b>	
			<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	
<b>Housing Status</b> <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: _____		<b>Is your family's housing situation temporary or inadequate?</b> <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	
<b>Does the child have medical insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Does the child have Health or other concerns?</b>	
<b>Insurance Type (check all that apply)</b> <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	
<b>Active Child Protective Services (CPS) Case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Cash-Aid Assistance/Benefits</b> <input type="checkbox"/> SSI (Supplemental Income) <input type="checkbox"/> CalWORKS (TANF/Cash Aid)	
		<b>Nutrition</b> <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	
<b>Early Head Start Program (0-2 years)</b> <input type="checkbox"/> I am applying for <b>Center Based</b> (Traditional classroom setting) <input type="checkbox"/> I am applying for <b>Home Based</b> (Teacher provides weekly Educational Home Visit) <input type="checkbox"/> I will consider any available options		<b>Head Start Program (3-5 years)</b> <input type="checkbox"/> I am applying for <b>Part-Day</b> options (08:30am-12:00pm or 1:00pm-4:30pm) <input type="checkbox"/> I am applying for <b>Full-Day</b> 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		