



**CUMBERLAND COMMUNITY ACTION PROGRAM, INC.
HEAD START APPLICATION**

Enrollee _____
DOB _____
Center _____
Child Plus ID _____

PARENT/GUARDIAN NAME: _____	DOB: _____	
SEX: Male/Female	TEEN PARENT: Yes/No	CURRENTLY IN SCHOOL: Yes/No
ARE YOU OF HISPANIC ORIGIN: Yes/No	RACE: (circle all that apply)	Black Native American White Asian Pacific Islander Other _____
ETHNICITY: _____	NATIONAL ORIGIN: _____	
EDUCATION LEVEL _____	EMPLOYMENT STATUS _____	PROVIDES FINANCIAL SUPPORT Yes No
LIVING ADDRESS: _____	MAILING (If different): _____	
_____	_____	
City State Zip Code	City State Zip Code	
Cumberland County: Yes / No		
PHONE () _____	PHONE () _____	PHONE () _____
TYPE H C W M	TYPE H C W M	TYPE H C W M
H=HOME C=CELLULAR W=WORK M=MESSAGE (circle one)		
NUMBER IN FAMILY _____	CHILDREN _____	HOUSEHOLD _____
PARENTAL STATUS: One/Two		
HAVE YOU APPLIED FOR THIS CHILD IN THE LAST 12 MONTHS OR FOR EARLY HEAD START? Yes / No		
IS THE APPLYING CHILD A MILITARY DEPENDANT? Yes / No		
CIRCLE IF YOU RECEIVE ANY OF THE FOLLOWING: TANF SSI WIC WAGES/EMPLOYMENT CHILD SUPPORT OTHER _____		
<i>YOU MUST PROVIDE DOCUMENTATION FOR THE LAST 12 MONTHS (EXCLUDING WIC)</i>		

**PRIMARY GUARDIAN/ADULT
FAMILY INFORMATION**
(Codes listed on page 2)

**EMERGENCY
CONTACTS**

NAME: _____	RELEASE TO? Yes / No	Relationship to Applying Child_
PHONE () _____	PHONE () _____	PHONE () _____
TYPE H C W M	TYPE H C W M	TYPE H C W M
NAME: _____	RELEASE TO? Yes / No	Relationship to Applying Child_
PHONE () _____	PHONE () _____	PHONE () _____
TYPE H C W M	TYPE H C W M	TYPE H C W M

**PHYSICIAN/
DENTIST**

NAME: _____	NAME: _____
ADDRESS _____	ADDRESS _____
PHONE () - _____	PHONE () - _____

Does the child have a disability or special need? Yes No Suspected (Describe condition, if diagnosed give date/ source)

How did you hear about Head Start? (circle one)
Head Start Parent DSS/Health Dept. Community Event Advertisement Other _____
Is the parent or guardian pregnant? Yes No If yes, give due date _____ Is there any special family circumstance or crisis? If yes, please describe _____

