

# GIVE YOUR CHILD A *Head Start!*

## Enroll Now in 4K or Head Start for 2022-23

**Apply Online** starting January 2022 at  
<https://campus.gbaps.org/campus/OLRLogin/greenbay>.



SCAN ME

**OR**

**Pick Up** an enrollment packet at the Green Bay Area Public School District Office Building, Welcome Center, 232 S. Broadway St., between 9 a.m. and 3 p.m. Monday through Friday.

*Please bring address verification (such as utility bill, mortgage or lease paperwork), 2021 Federal Income Taxes or W-2s (for Head Start eligibility), birth certificate, and immunization records.*

## Did You Know?

- 4K offers 14 full day spots in collaboration with Head Start at the Jefferson location. To be considered, families will need to complete the intradistrict transfer process.
- Quality early childhood programs prepare children for kindergarten by promoting social and emotional development, boosting pre-math and literacy skills, and developing motor skills.
- 4K students are eligible for busing if they live more than a half mile from school.
- 4K programs are offered in neighborhood schools and community locations (enroll by March 1, 2022 to increase the likelihood of preferred placement).
- All Head Start students are bussed to and from eastside and westside locations.
- Head Start has 170 full-day openings between both locations (priority given to 4-year-olds) for the 2022-23 school year.
- Head Start has half-day programming for 3- and 4-year-olds.
- Head Start provides meals throughout the day.



## Will your child be 3 or 4 prior to September 1, 2022?

**For further information in English and Spanish contact:**

Central Registration: (920) 448-2001

Head Start Office: (920) 448-2226

4-year-old Kindergarten Office: (920) 391-2447

**For further information in Hmong, contact: (920) 492-2661**

**For further information in Somali, contact: (920) 660-3989**



**HEAD START**



**Green Bay Area  
Public School District**  
[www.gbaps.org](http://www.gbaps.org)

# Green Bay Area Public Schools – Head Start & 4K Programs



	<b>Head Start</b> <b>Learn about Head Start at</b> <b><a href="https://acf.hhs.gov/ohs/about/head-start">acf.hhs.gov/ohs/about/head-start</a></b>	<b>4-Year-Old Kindergarten (4K)</b>
<b>Requirements</b>	<ul style="list-style-type: none"> <li>▶ 3 or 4 years old by Sept. 1, 2022</li> <li>▶ Living within the Green Bay Area Public School District boundaries</li> <li>▶ 90% of families must meet income guidelines listed below <b>OR</b> receive Supplemental Security Income (SSI) <b>OR</b> Child Care Assistance</li> </ul>	<ul style="list-style-type: none"> <li>▶ 4 years old by Sept. 1, 2022</li> <li>▶ Living within the Green Bay Area Public School District boundaries or open enrollment acceptance</li> </ul>
<b>Program</b>	<ul style="list-style-type: none"> <li>▶ Full day programming - Child attends school 4 full days per week (priority given to 4 year old children)</li> <li>▶ Half day programming – 3 &amp; 4 year old children attends school 4-half days per week</li> <li>▶ 2 teacher home visits and 2 parent/teacher conferences per year</li> <li>▶ Parent involvement opportunities</li> <li>▶ Family advocate home visits/contacts</li> <li>▶ Bilingual programming</li> </ul>	<ul style="list-style-type: none"> <li>▶ Child attends school 4-half days per week, times vary by site</li> <li>▶ 2 parent/teacher conferences per year</li> <li>▶ Parent involvement opportunities</li> <li>▶ Bilingual programming</li> </ul>
<b>Location</b>	School Sites	School and Community Sites
<b>Income Guidelines</b>	<p><b>Income guidelines apply</b> Current income guidelines can be found at: <b><a href="https://aspe.hhs.gov/poverty-guidelines">aspe.hhs.gov/poverty-guidelines</a></b></p> <p>Proof of Income for the past 12 months is needed to consider the Head Start application complete: <b>Types of proof include:</b></p> <ul style="list-style-type: none"> <li>✓ 2021 Income Taxes or W-2's</li> <li>✓ Child support</li> <li>✓ Proof of SSI</li> <li>✓ Proof of childcare assistance</li> <li>✓ or 12 months of paycheck stubs.</li> </ul>	Income guidelines do not apply
<b>Transportation</b>	Provided according to district guidelines	Provided according to district guidelines
<b>Fees</b>	None	Some may apply
<b>Application Process</b>	<p>Apply online <a href="https://campus.gbaps.org/campus/OLRLogin/greenbay">https://campus.gbaps.org/campus/OLRLogin/greenbay</a> Or at Home School (Neighborhood Elementary School) or the Head Start Learning Center, 1150 Bellevue St. Green Bay <b>during school hours</b> or at: Central Registration 232 S. Broadway <b>7:00 a.m. - 5:00 p.m., Monday through Friday</b></p> <ul style="list-style-type: none"> <li>▶ Child's birth certificate</li> <li>▶ Child's immunization record</li> <li>▶ Proof of Income for the past 12 months</li> <li>▶ Address verification (lease, mortgage or utility bill)</li> </ul>	<p>Apply online <a href="https://campus.gbaps.org/campus/OLRLogin/greenbay">https://campus.gbaps.org/campus/OLRLogin/greenbay</a> Or at: Home School (Neighborhood Elementary School), <b>during school hours</b> or at: Central Registration 232 S. Broadway <b>7:00 a.m. - 5:00 p.m., Monday through Friday</b></p> <ul style="list-style-type: none"> <li>▶ Child's birth certificate</li> <li>▶ Child's immunization record</li> <li>▶ Address verification (lease, mortgage or utility bill)</li> </ul>
<b>Contact Info:</b>	<b>Phone: 920-448-2226 Head Start office</b> Fax: 920-448-2252	<b>Phone: 920-391-2447 – 4K Office</b> <b>920-448-2001 - Central Registration</b> Fax: 920-272-7063 / 920-448-7325

- Before and after care may be available at some community sites. Associated cost and additional paperwork are the responsibility of the parent.
- Preschoolers, ages 3-5 years, who have identified special needs requiring special education services may qualify for Early Childhood programs.



# Green Bay Area Public School District

Return this to any Green Bay School or to the Central  
Registration Office, 200 S. Broadway, Green Bay, WI 54303.

School: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Grade: \_\_\_\_\_  
4K: ☐ AM ☐ PM | Head Start: ☐ AM ☐ PM ☐ FD  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT

Student's Full Legal Name: \_\_\_\_\_  
(As listed on Birth Certificate) Last Name First Name Full Middle Name  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female Date first entered  
Mo Day Year (circle one) U.S. schools: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State) (Country)  
Ethnicity: (please select one) ☐ Hispanic/Latino ☐ Non-Hispanic/Latino  
Race: (select all that apply & at least one must be selected) ☐ American Indian/Alaska Native ☐ Asian ☐ White  
☐ Native Hawaiian /Other Pacific Islander ☐ Black/African American

HOME

Student's Home Information:  
Student's Home Address: \_\_\_\_\_ Apt or Lot # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_  
Date you moved to this address: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Out of Home Placement ☐ Other: \_\_\_\_\_  
➤ Are there any legal documents that affect educational decision-making for this student, such as: Judgment of Divorce, Judgment of Paternity, Custody Order, Letters of Guardianship, Dispositional Order, etc.? ☐ Yes ☐ No  
If yes, please attach most recent copy to this form.  
➤ If eligible for transportation, will you be using these services? ☐ Yes ☐ No  
(Transportation is not provided for School Choice Students unless required by law)

PARENT/GUARDIAN  
PRIMARY HOUSEHOLD

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian? ☐ Yes ☐ No  
Address (if different than students): \_\_\_\_\_ Parent date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Do you have access to the internet? ☐ Yes ☐ No E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_  
Phone numbers: Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Do you wish to receive District/School Communications, including emergency and inclement weather notifications, by text message?  
☐ Yes ☐ No  
Race/ Ethnicity: ☐ American Indian/Alaska Native ☐ Native Hawaiian /Other Pacific Islander  
(select all that apply) ☐ Asian ☐ White ☐ Black/African American ☐ Hispanic/Latino  
Fee Billing Statement: (select preference) ☐ Electronic Copy ☐ Paper Copy

PARENT/GUARDIAN  
SECONDARY HOUSEHOLD

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian? ☐ Yes ☐ No  
Address (if different than students): \_\_\_\_\_ Parent date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Do you have access to the internet? ☐ Yes ☐ No E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_  
Phone numbers: Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Do you wish to receive District/School Communications, including emergency and inclement weather notifications, by text message?  
☐ Yes ☐ No  
Race/ Ethnicity: ☐ American Indian/Alaska Native ☐ Native Hawaiian /Other Pacific Islander  
(select all that apply) ☐ Asian ☐ White ☐ Black/African American ☐ Hispanic/Latino  
Fee Billing Statement: (select preference) ☐ Electronic Copy ☐ Paper Copy

## PRIMARY HOUSEHOLD

Student: \_\_\_\_\_

List other members of your **primary** household also living at this address:

Name	Date of Birth	Relationship to Student	School Attending (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EMERGENCY

**Emergency Contacts:** Must be at least 18 years old and someone who is able to pick up your child in your absence. In the event of a health or safety issue, you are granting permission to contact and share information with any of the Emergency Contacts below.

Full Legal Name	Phone # / Phone Type	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LAST SCHOOL

**Last school** (or district) this student attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Has this student ever received English Learner (EL) services? ☐ Yes ☐ No

If yes, from which school: \_\_\_\_\_

Does this student currently receive Special Education Services? ☐ Yes ☐ No

If yes, what program: \_\_\_\_\_

Has this student ever been expelled from school? ☐ Yes ☐ No If yes, year and school: \_\_\_\_\_

## MEDICAL

**Medical Conditions** / Allergies / Concerns: \_\_\_\_\_Does this student take medication? ☐ Yes ☐ No \*If yes, list: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph#: \_\_\_\_\_

*\*If medications are to be given at school, please complete the "Physician Authorization of Medication" and "Parent Medication Release" forms.**\*If this student has food allergies, please complete the "Diet Modification" form.*

## WORK

If you have recently moved to the Green Bay area for employment, you may qualify for some additional services.

Have you recently moved to the area for employment? ☐ Yes ☐ NoIs the work temporary or seasonal? ☐ Yes ☐ No

As parent/legal guardian of this student, I verify that all the information on this form is true to the best of my knowledge. I may also be required to provide proof of residency, legal birth document and immunization record.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**For Office Use Only:**Verified Address: **Yes/ No** Document used: \_\_\_\_\_ Verified by (Initials): \_\_\_\_\_Birth Certificate Verification: **Yes/ No** Document#: \_\_\_\_\_ Verified by (Initials): \_\_\_\_\_Does student live within the GBAPS boundaries: **Yes/ No** Attendance Area School \_\_\_\_\_Immunization record received: **Yes/ No** Additional Head Start application completed: **Yes/ No**HLS: **Attached/in IC** Previously enrolled in GBAPS: **Yes/ No** Completion Date: \_\_\_\_\_

# The Wisconsin HLS Form

## Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in schools. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

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**Student First Name:** \_\_\_\_\_ **Student Middle Initial:** \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 1

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**1. Was the first language used by this student English?**

Yes: Go to Question 2.

No: Go to Question 3.

**2. When at home, does this student hear or use a language other than English more than half of the time?**

Yes: Go to Question 4.

No: HLS is complete. Go to Section 2.

**3. When at home, does this student hear or use a language other than English more than half of the time?**

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 4.

**4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half the time?**

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 5.

**5. When interacting with caregivers other than parents or guardians, does this student hear or use a language other than English more than half the time?**

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 6.

**6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half the time?**

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 7.

**7. Is this student Native American, Native Alaskan, or Native Hawaiian?**

Yes: Go to Question 8.

No: Go to Question 9.

**8. Is this student’s language influenced by a Tribal language through a parent, grandparent, relative, or guardian?**

Yes: Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9.

**9. Has this student recently moved from another school district where they were identified as an English Learner?**

Yes: Name of district where identified:

\_\_\_\_\_

HLS is complete. Go to Section 2.

No: HLS is complete. Go to Section 2.

## Section 2

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**Language(s) other than English used by the student:**

\_\_\_\_\_

<b>Parental preference for languages used for school communications (may be multiple):</b>	
Parent/Guardian Name:	
Oral:	Written:
Parent/Guardian Name:	
Oral:	Written:

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

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

**HLS verified by (name & position):**\_\_\_\_\_

**Date of administration:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMISSION TO RETAIN PUPIL RECORDS  
AND NOTIFICATION OF PUPIL RECORD DESTRUCTION**

(Please complete one form for each child in your family.)

For questions, please call the District's Legal Department at 448-2039)



Student Name	Student ID No.

Wisconsin state law governs student records, their confidentiality, and their maintenance and destruction. Wis. Stat. § 118.125(3) requires that certain records be destroyed one year after a student ceases to be enrolled in a school, unless permission is granted in writing to maintain them for a longer period of time.

The records that are required to be destroyed include psychological tests, personality evaluations, records of conversations, any written statement relating specifically to an individual pupil's behavior, tests relating specifically to achievement or measurement of ability, the pupil's physical health records other than his or her immunization records or any lead screening records, law enforcement officers' records obtained under s.

48.396(1) or 938.396(1)(b)2. or (c)3., and any other pupil records that are not progress records.

Example of some of these records could include standardized test results such as ACT test scores or special education records such as IEPs.

Please note that if a student leaves the Green Bay Area Public School District (GBAPSD) and the new school requests his or her records, all the records will be provided to the new school as the law requires, even if this form is in the student's cumulative records. Nevertheless, it is highly recommended that the "Permission to Retain Behavior Records" is on file with GBAPSD for each student. This will ensure that any of these records will be kept for up to five years after the student leaves GBAPSD and will be available in case the student returns to GBAPSD. If this form is not on file, these records will be destroyed one year after the student leaves GBAPSD. Keeping the records on file for more than one year will help school staff provide necessary services to a student if he or she returns to GBAPSD more than a year later. Keeping these records may also assist you or your child in the future should you need the records for other purposes such as for future care, support, social security benefits, insurance coverage, or other benefits for post-secondary purposes.

In addition, records such as email communications between District staff members regarding your child could constitute a pupil record. The District retains these record for 7 years after the creation of the email pursuant to the adopted record retention schedule.

Parents/guardians or adult students who choose to maintain these records as described above must give their written permission to the Green Bay Area Public School District. You also have the right to request that the District destroy certain personally identifiable information ("PII") in your child's education records when it is no longer needed to provide educational services to your child. In addition, you have a right to request a copy of your child's pupil records prior to their destruction. Please note that no further notice will be provided to you at the end of the 5 or 7 years prior to the destructions of the records.

I, the undersigned, hereby request and authorize the Green Bay Area Public School District to retain the described records for up to five years after ceasing to be enrolled in the District and email records for up to 7 years from the date of the email.

\_\_\_\_\_  
Signature of parent/guardian or adult student

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Date

***Please return this form to your child's school or to the District's Central Registration.***





# Green Bay Area Public School District

Return this to any Green Bay School or to the Welcome  
Center, 232 S. Broadway, Green Bay, WI 54303.

## MILITARY CONNECTIONS

Student's Name: \_\_\_\_\_  
Last Name First Name Full Middle Name

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Day Year

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian? ☐ Yes ☐ No

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian? ☐ Yes ☐ No

### Please select one answer per question

Parent/Guardian 1: \_\_\_\_\_

1. Is either parent or guardian on active duty in the military? ☐ Yes ☐ No
2. Is either parent or guardian a traditional member of the Guard or Reserve? ☐ Yes ☐ No
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ Yes ☐ No

If you answered **yes** to any of the questions above, please check the box below that applies:

- ☐ Active Duty, Deployed
- ☐ Active Duty, Not Deployed
- ☐ Discharged
- ☐ Inactive
- ☐ Killed in Action
- ☐ Retired
- ☐ Student Military Identifier Only
- ☐ Transitioning Out of Active Duty

Parent/Guardian 2: \_\_\_\_\_

1. Is either parent or guardian on active duty in the military? ☐ Yes ☐ No
2. Is either parent or guardian a traditional member of the Guard or Reserve? ☐ Yes ☐ No
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? ☐ Yes ☐ No

If you answered **yes** to any of the questions above, please check the box below that applies:

- ☐ Active Duty, Deployed
- ☐ Active Duty, Not Deployed
- ☐ Discharged
- ☐ Inactive
- ☐ Killed in Action
- ☐ Retired
- ☐ Student Military Identifier Only
- ☐ Transitioning Out of Active Duty

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

5/31/2018

For Office Use Only: Entered in Infinite Campus Y/N Initials: \_\_\_\_\_



## Green Bay Area Public Schools

### VOLUNTARY SURVEY TO BE COMPLETED DURING ENROLLMENT

Please answer the questions below about your living situation. The purpose of this confidential information is to ensure the rights of students under the McKinney Vento law.

*Do you or your family live in any of these situations? Check all that apply.*

	YES	NO
<b>Is a friend or relative sharing their home or apartment with you?</b> <ul style="list-style-type: none"><li>If <b>YES</b>, please list the address: _____</li></ul>		
Do you live in a hotel, motel or campground because you have no other place to live?		
Are you staying in a shelter?		
Do you live out of your car or are you currently without shelter?		
Is your housing situation temporary?		
Is your child in temporary foster care?		

*If you checked yes to any box above, please complete the rest of this form and turn it in now. If you checked no to all of the boxes above, you do not need to complete or turn in this form.*

Please list all children currently living with you, even if they are not in school.

First	Middle	Last	M/F	Birthdate	Grade	School Name

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian phone number: \_\_\_\_\_

The McKinney Vento Homeless Education Assistance Act and the Green Bay Area Public Schools Homeless Education Program ensure the educational rights of students who are homeless.

*School secretary or Registrar: If any of the above confidential questions are marked "YES," please forward this form to the MKV Program Coordinator at DOB or your building social worker.*

# COMPLETE FOR HEAD START ONLY

Head Start is a federally funded preschool program for low-income families. A child must be 3 or 4 years old by 9/1 AND live within the Green Bay Area Public School District boundaries to apply for Head Start.

**\* THIS APPLICATION NEEDS TO BE ACCOMPANIED BY A GBAPS ENROLLMENT \***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Address: \_\_\_\_\_

**Primary Caregiver Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

Highest Grade Level Completed: \_\_\_\_\_ Are you currently in school or a job training program? \_\_\_\_\_

Employment Status: ☐ Full-time (*at least 32 hrs/week*) ☐ Part-time ☐ Unemployed ☐ Stay at home parent/caregiver

Relationship to Child: ☐ Biological Parent ☐ Licensed Foster Parent ☐ Grandparent ☐ Other relative ☐ Other: \_\_\_\_\_

Do you have legal custody (*joint or sole*) of this child? ☐ Yes ☐ No Do you live with this child: ☐ Yes ☐ No

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_ Do you opt in for Text Messages? ☐ Yes ☐ No

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_ Do you opt in for Text Messages? ☐ Yes ☐ No

Please **print** your email address: \_\_\_\_\_

**Secondary Caregiver Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

Highest Grade Level Completed: \_\_\_\_\_ Are you currently in school or a job training program? \_\_\_\_\_

Employment Status: ☐ Full-time (*at least 32 hrs/week*) ☐ Part-time ☐ Unemployed ☐ Stay at home parent/caregiver

Relationship to Child: ☐ Biological Parent ☐ Licensed Foster Parent ☐ Grandparent ☐ Other relative ☐ Other: \_\_\_\_\_

Do you have legal custody (*joint or sole*) of this child? ☐ Yes ☐ No Do you live with this child: ☐ Yes ☐ No

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_ Do you opt in for Text Messages? ☐ Yes ☐ No

Phone Number: \_\_\_\_\_ Type: \_\_\_\_\_ Do you opt in for Text Messages? ☐ Yes ☐ No

Please **print** your email address: \_\_\_\_\_

## Additional Information for Child

What is this child's Primary Health Insurance: ☐ Medicaid ☐ Private Insurance ☐ No Insurance

Physician's name and Clinic? \_\_\_\_\_

What is this child's Primary Dental Insurance: ☐ Medicaid ☐ Private Insurance ☐ No Insurance

Dentist's name and Clinic? \_\_\_\_\_

Was this child **ever** in foster care? ☐ Yes ☐ No

Was this child in Birth-to-Three? ☐ Yes ☐ No

Was this child in Healthy Families? ☐ Yes ☐ No

Was this child in Early Head Start? ☐ Yes ☐ No *If yes, list location:* \_\_\_\_\_

## Additional Information for Family

Are you a one parent or two parent family household? ☐ Single Parent Home ☐ Two Parent Home

What is the **primary** language spoken at home? \_\_\_\_\_

Is anyone in the family learning another language other than English? ☐ Yes ☐ No

Is this family currently homeless? ☐ Yes ☐ No

Do you receive Food Share? ☐ Yes ☐ No

Do you receive WIC? ☐ Yes ☐ No

Is either Parent an Active Member of the United States Military? ☐ Yes ☐ No

Is either Parent a Veteran of the United States Military? ☐ Yes ☐ No

*Continued on back page...*

## Important Eligibility Information

- ☐ Is there a **legal** court order removing this child from the primary caregiver?
- ☐ Does this family currently or has this family previously had children in a Head Start program?
- ☐ Has either parent not completed high school or received a GED?
- ☐ **Is this child currently receiving Special Education Services / has an IEP (*Individualized Education Plan*)?**
- ☐ Has there been a death in the **immediate** family in the last 24 months?
- ☐ Has this child been witness to or involved in any Abuse and/or Neglect (Physical / Sexual / Verbal)?
- ☐ Has the child been witness to substance abuse (alcohol or drug abuse)?
- ☐ Has either parent been incarcerated and/or released from incarceration within the last 12 months?
- ☐ Are there three or more children under the age of five in this household?
- ☐ Was **this** child born to parents who were under the age of 18 or are currently under age 21?
- ☐ Does the child suffer from any chronic illness including lead levels greater than 3.5mcg/dl? Explain: \_\_\_\_\_
- ☐ Were you referred to us by another agency? *If yes, please list:* \_\_\_\_\_
- ☐ Has the child's family been involved in a divorce or separation in the last 12 months?
- ☐ Is there only one adult in the child's household?
- ☐ Do you suspect this child has a disability?
- ☐ Does either parent or a sibling have a diagnosed disability?
- ☐ Is there limited English spoken in the home?

## Additional Income Information

- Do you receive Child Care Assistance? ☐ Yes ☐ No
- Does anyone in the household receive SSI? ☐ Yes ☐ No
- Do you receive W-2 payments from the State of Wisconsin? ☐ Yes ☐ No

## **\*\* The following information is needed to complete and process this application \*\***

**This information must be brought to The Head Start Learning Center at 1150 Bellevue Street or  
Jefferson Head Start Learning Center at 905 Harrison Street**

- ☒ Child's Birth Certificate
- ☒ Immunization Record
- ☒ **Proof of Income for the past 12 months**
  - Types of income proof can include 2021 Income Taxes, 2021 W-2's, child support, proof of SSI, proof of child care assistance or 12 months of paycheck stubs.
- ☒ Proof of current address (utility bill, lease or mortgage)

**Note:** *The information on this application must be true and accurate. Any person who intentionally provides false information is committing fraud and participation in the program will be terminated.*

**As parent/legal guardian of this child, I verify that all information on this form is true to the best of my knowledge. I will be required to provide proof of residency, legal birth document, proof of income, and immunization record as part of the application process.**

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

☆ *Head Start provides transportation to and from school.*

☆ *Head Start provides meals at school.*

☆ *There are no fees or supplies needed for Head Start – EVER!*