



Kids' Corps, Inc.

Early Head Start 2010/2011 Application



OPTIONS & LOCATIONS Please Check All Interested Centers & Options	<input type="checkbox"/> Home Based Option Weekly Visits in the family home with a focus on child development activities and parent participation and monthly group socialization activities for parents and children. Serves families with children prenatal to 3 years There is no cost for this program.	<input type="checkbox"/> Center Based Option Full day/Full year classroom education in an early learning environment for children needing full time care. Serves families with children age 15 months to 3 years Fees apply for this program.	Center Based Muldoon Center 1251 Muldoon Rd Anchorage, AK 99504 333-5433 Fax: 333-1496

CHILD INFORMATION	<input type="checkbox"/> Pregnant Due Date: _____
	Child's Last Name: _____ First Name: _____ Child's Birth Date: _____ Child's Sex: M F
	Child Health Coverage: Denali Kidcare Medicaid Private Military Indian Health Service None Physician: _____ Dentist: _____
	Child's Primary Language: _____ Child's Secondary Language: _____
	Does your child have any disability or special need? (either diagnosed or suspected) Y N If Yes, please explain: _____
	Does your child have an IEP or an IFSP? Y N Does your child have a sibling in the program? Y N
	Do you have any concerns about your child's development? Y N If Yes, please explain: _____

FAMILY INFORMATION	Mother/Guardian: _____ Birth date: _____ Employment Status: _____ Home Address: _____ _____ Mailing Address: _____ _____ Phone: _____ HM _____ WK Phone: _____ CELL _____ MESSAGE Email _____ Primary Language: _____ Secondary Language: _____	Father/Guardian: _____ Birth date: _____ Employment Status: _____ Home Address: _____ _____ Mailing Address: _____ _____ Phone: _____ HM _____ WK Phone: _____ CELL _____ MESSAGE Email _____ Primary Language: _____ Secondary Language: _____												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Family Type (Circle)</th> <th style="text-align: left;">Parental Status (Circle)</th> <th style="text-align: left;"># in Family</th> <th style="text-align: left;"># of Children Ages 0-2</th> <th style="text-align: left;"># of children Ages birth-5 years</th> <th style="text-align: left;">Total # of persons in home</th> </tr> <tr> <td>Parent Grandparent Foster Other</td> <td>One Two</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Family Type (Circle)	Parental Status (Circle)	# in Family	# of Children Ages 0-2	# of children Ages birth-5 years	Total # of persons in home	Parent Grandparent Foster Other	One Two					
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	Are you a teen parent? Yes No Do you need care for your child while you are at work or school? Yes No If yes, who currently provides care for your child? _____ Has your child previously been enrolled in another Early Head Start program? Yes No Family Housing Status (Circle) Rent Own Homeless Other _____ Are you receiving ATAP? Yes No If yes, ATAP case number _____ Is your family experiencing a special hardship or crisis? Yes No If so please explain: _____													

DOCUMENT- ATION	Please attach the following documentation:
	<input type="checkbox"/> Income verification from all cash income sources (W2, 1040 Tax Forms, child support, unemployment benefits, ATAP printout, SSI, LES, pay stubs etc.) <input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Child Immunization Record <input type="checkbox"/> Physical Exam

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ **Date** _____