

## Kids' Corps, Inc. Head Start Application



Phone: (907) 272-0133 Fax: (907) 272-0312

S		Full Day (9a	m-s:supm) ivi	onuay-rnuay	• Part Year (Se)	ptember-	June) i	reschool		
0	sted	□ East Center	□ Mt. V	iew Center	□ Muldoon C	enter		Ridgeline Center		
CAT	Please Check All Interested Centers & Options	3710 E. 20 <sup>th</sup> Ave, Ste. 2	3350 Comm	ercial Dr. # 106	1251 Muldoon Ro	Ste. 112	185	5 Ridgeline Loop		
OPTIONS & LOCATIONS		Half Day (4 hours/day) Monday-Friday			Full Day* (up to 10 hours/day)					
SZ	: Che ente	Part Year (September-June) Preschool			Full Year Preschool					
	ease C	□ East Center only			□ East Center only					
OP	Ь	3710 E. 20 <sup>th</sup> Ave, Suite 2 Bus service not available for half day program			3710 E. 20 <sup>th</sup> Ave, Suite 2					
			Fees Apply ● Child Care Assistance Required  ob training program to be eligible for full day services							
		*Parents must be em	ployed or enrolled	in school or a job	training program to be	e eligible foi	r full day	services		
7	<b>C</b> h	ild's Last Name:		Firs	t Name:					
	Child's Birth Date: Ch				hild's Sex: M F					
CHILD	Child's Primary Language: Child's				s Secondary Language:					
$\mathbf{H}^{\mathbf{G}}$	Do	Does your child have any disability or special need? (either diagnosed or suspected)  Y  N								
		f Yes, please explain:								
5		Does your child have an IEP or an IFSP? Y N Does your child have a sibling in the program? Y N								
	Parent/Guardian:				Parent/Guardian:					
	Birth date: Male Female				Birth date: Male Female					
	Employment Status:				Employment Status:					
	Home Address:				Home Address:					
					Mailing Address:					
	Pho	Phone:WK				one:WK				
		Phone:CELL			Phone:CELL					
		Can we contact you by text? Y N			Can we contact you by text? Y N					
		ail		Email						
			Primary Language:							
		Primary Language:Secondary Language:			Secondary Language:					
ION		Did you receive the most recent Alaska PFD? Y N			Did you receive the most recent Alaska PFD? Y N					
	Fam	Family Type Parental Status # in Family		# in Family	# of Children # of children Total # of persons					
Y INFORMAT		cle one) nt Grandparent	(Circle one)		Ages 0-35 months	Ages 3-5 y	years	in home		
	Fost	er Other	One Two							
		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?								
FAMILY	и ус Нас	es, wno currently prov	been enrolled i	ur cniid / n another Head	l Start or Early Hea	d Start pro		Yes No		
FAI		Has your child previously been enrolled in another Head Start or Early Head Start program? Yes No Family Housing Status ( <i>Circle one</i> ): Rent Own Homeless Other								
		your family experience								
		you receiving ATAP?								
		our family experiencing								
	If yo	If yes, please explain:								
		How did you hear about KCI (Circle one): Friend or neighbor Head Start bus KCI brochure Radio  Door Hanger Community event: Agency referral Other								
HON	T.C.	Transportation is available in a limited areas								
XTA.	11 6	If a Head Start bus is not available, can you provide transportation for your child? Yes No								
SPOI	PIC	CK-UP LOCATION _								
TRANSPORTATION	DROP OFF LOCATION)									
Ī										
ON	Ple	Please attach the following documentation:								
DOCUMENTATION		□ Income verification from <u>all</u> cash income sources for <b>12 months</b> (W2, 1040 Tax Forms, child support, unemployment benefits, ATAP printout, SSI, LES, pay stubs etc.)								
ENJ				rintout, SSI, L	ES, pay stubs etc.)					
ЖX		<ul> <li>Child's Birth Certificate</li> <li>Child Immunization Record</li> </ul>								
DOC		□ Physical Exam (completed within the last year)								
Ιc	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