



Kids' Corps, Inc.
Head Start Application

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



OPTIONS & LOCATIONS Please Check All Interested Centers & Options	Full Day (9am-3:30pm) Monday-Friday • Part Year (September-June) Preschool			
	<input type="checkbox"/> East Center 3710 E. 20 th Ave, Ste. 2	<input type="checkbox"/> Mt. View Center 3350 Commercial Dr. # 106	<input type="checkbox"/> Muldoon Center 1251 Muldoon Rd Ste. 112	<input type="checkbox"/> Ridgeline Center 185 Ridgeline Loop
	Half Day (4 hours/day) Monday-Friday Part Year (September-June) Preschool		Full Day* (up to 10 hours/day) Full Year Preschool	
	<input type="checkbox"/> East Center only 3710 E. 20 th Ave, Suite 2 Bus service not available for half day program		<input type="checkbox"/> East Center only 3710 E. 20 th Ave, Suite 2 Fees Apply • Child Care Assistance Required	
*Parents must be employed or enrolled in school or a job training program to be eligible for full day services				

CHILD INFORMATION	Child's Last Name:_____	First Name:_____
	Child's Birth Date:_____	Child's Sex: M F
	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

FAMILY INFORMATION	Parent/Guardian:_____			Parent/Guardian:_____		
	Birth date:_____ Male Female			Birth date:_____ Male Female		
	Employment Status:_____			Employment Status:_____		
	Home Address:_____			Home Address:_____		
	_____			_____		
	MailingAddress:_____			Mailing Address:_____		
	_____			_____		
	Phone:_____HM_____WK			Phone:_____HM_____WK		
	Phone:_____CELL			Phone:_____CELL		
	Can we contact you by text? Y N			Can we contact you by text? Y N		
	Email_____			Email_____		
	Primary Language:_____			Primary Language:_____		
	Secondary Language:_____			Secondary Language:_____		
	Did you receive the most recent Alaska PFD? Y N			Did you receive the most recent Alaska PFD? Y N		
	Family Type (Circle one)	Parental Status (Circle one)	# in Family	# of Children Ages 0-35 months	# of children Ages 3-5 years	Total # of persons in home
Parent Grandparent Foster 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? _____						
Has your child previously been enrolled in another Head Start or Early Head Start program? Yes No						
Family Housing Status (Circle one): Rent Own Homeless Other_____						
Has your family experienced homelessness in the last 6 months? Yes No						
Are you receiving ATAP? Yes No If yes, ATAP case number_____						
Is your family experiencing a special hardship or crisis? Yes No						
If yes, please explain:_____						
Were you referred by another agency or provider? Yes No If yes, who? _____						
How did you hear about KCI (Circle one): Friend or neighbor Head Start bus KCI brochure Radio						
Door Hanger Community event:_____ Agency referral Other_____						

TRANSPORTATION	Transportation is available in a limited areas
	If a Head Start bus is not available, can you provide transportation for your child? Yes No
	PICK-UP LOCATION _____ DROP OFF LOCATION)_____

DOCUMENTATION	Please attach the following documentation:
	<input type="checkbox"/> Income verification from <u>all</u> cash income sources for 12 months (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 (completed within the last year)

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_____
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