



Kids' Corps, Inc. Head Start Application



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

OPTIONS & LOCATIONS <small>Please Check All Interested Centers & Options</small>	Part Day (9:30 am-1:30 pm) Monday-Friday • Part Year (September-May) Preschool		
	<input type="checkbox"/> East Center 3710 E. 20 th Ave, Ste. 2 No fees	<input type="checkbox"/> Mt. View Center 3350 Commercial Dr. # 106 No fees	<input type="checkbox"/> Muldoon Center 1251 Muldoon Rd Ste. 112 No fees
	Full Day (8:30 am-3:00 pm) Monday-Friday Part Year (September-May) Preschool		Full Day* (up to 10 hours/day) Full Year Preschool
	<input type="checkbox"/> Ridgeline Center only 185 Ridgeline Loop No fees		<input type="checkbox"/> East Center only 3710 E. 20 th Ave, Suite 2 Fees Apply • Child Care Assistance Required
<small>*Parents must be employed or enrolled in school or a job training program to be eligible for full day services</small>			

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: _____			
	Mailing Address: _____	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** _____