

	Full day (7:30 am-5:30 pm) <b>*Childcare assistance contract required*</b> <b>Co-pay fees apply</b>	Part Day Preschool (ages 3-5 years) No Fees	Mid-day Program No Fees
OPTIONS & LOCATIONS Please Check All Interested Centers & Options	<input type="checkbox"/> East Center Preschool (ages 3-5) Year round  <input type="checkbox"/> East Center infant/toddler (ages 4-36 months) Year round  <input type="checkbox"/> Mt. View Center infant/toddler (ages 4-36 months) Year round	<input type="checkbox"/> East Center (late Aug-May) 8:30 am-1:30 pm  <input type="checkbox"/> Tudor Elementary (late Aug-May) 8:30 am-1:30 pm  <input type="checkbox"/> Baxter Elementary (late Aug-May) 8:30 am-1:30 pm  <input type="checkbox"/> Muldoon Center (late Aug-July) 9:00 am-2:00 pm	<input type="checkbox"/> Mt. View Center infant/toddler (ages 4-36 months) 8:15 am- 3:00 pm Year round  <input type="checkbox"/> Ridgeline Center Preschool (ages 3-5 years) 8:30 am- 3:00 pm Late August -May

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

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: _____ Birth date: _____ Male Female Employment Status: _____ Home Address: _____ _____ Mailing Address: _____ _____ Phone: _____ HM _____ WK Phone: _____ CELL Can we contact you by text? Y N Email _____ Primary Language: _____ Secondary Language: _____ Did you receive the most recent Alaska PFD? Y N	Parent/Guardian: _____ Birth date: _____ Male Female Employment Status: _____ Home Address: _____ _____ Mailing Address: _____ _____ Phone: _____ HM _____ WK Phone: _____ CELL Can we contact you by text? Y N Email _____ Primary Language: _____ Secondary Language: _____ Did you receive the most recent Alaska PFD? Y N											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Family Type (Circle one)</th> <th style="width: 15%;">Parental Status (Circle one)</th> <th style="width: 15%;"># in Family</th> <th style="width: 15%;"># of Children Ages 0-35 months</th> <th style="width: 15%;"># of children Ages 3-5 years</th> <th style="width: 20%;">Total # of persons in home</th> </tr> </thead> <tbody> <tr> <td>Parent Grandparent Foster Other</td> <td>One Two</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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				
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 _____												

Bus Service	<p style="text-align: center;"><b>Transportation is available in a limited areas for Muldoon Center only</b></p> If a Head Start bus is <b>not</b> available, can you provide transportation for your child? Yes No PICK-UP LOCATION _____ DROP OFF LOCATION) _____
-------------	---

DOCUMENTATION	<b>Please attach the following documentation:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.)</li> <li><input type="checkbox"/> Child's Birth Certificate</li> <li><input type="checkbox"/> Child Immunization Record</li> <li><input type="checkbox"/> Physical Exam (completed within the last year)</li> </ul>
---------------	--

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 \_\_\_\_\_