

FOR AGENCY USE ONLY

Date Application Received _____

Priority # _____

Verify Income _____ Verification of Birth _____ Verification of Health Documents _____ Staff Initial _____

Returning Child Y/N _____ Waiting list More than 2yrs _____ Waiting list Less than 2yrs _____

NOTE: APPLICATIONS CAN NOT BE PROCESSED UNLESS THESE DOCUMENTS ARE PROVIDED: Certified Birth Certificate and Income Verification (last two check stubs, W-2 Form, Tax Return, SSI or Child Support documentation) PLEASE NOTE: *Physical Examination with Updated Immunizations, Lead Screening, Hemoglobin, (Dental Exam if child is 2yrs (Hearing and Vision if child is 3yrs) Must be submitted when application is returned.*

Springfield Urban League Head Start Program
3001 W. Lafayette
Jacksonville, IL 62650
(217) 245-9357

CHILD APPLICATION

For which program option are you applying? (Check one)

3-5 Head Start

Wee Grow Toddler Class

Child's Legal Name _____ Date of Birth _____

First M Last

Social Security Number _____ Race/Ethnicity _____

Sex of Child (Circle one): Female or Male Primary Language _____

Has the child been enrolled in a Head Start Program previously? Yes No If yes, where _____

Does child have a sibling that currently attends Head Start? Yes No If yes, where _____

Child's Health History

Does your child currently have any of the following concerns?

- Allergies
- HIV/Aids
- Vision
- Chronic Asthma
- Overweight or Underweight
- Takes Scheduled Medications
- Nutrition
- Neurological
- Blood Disorder
- High Lead Level
- Heart Condition/Disease
- Other _____
- Diabetes
- Hearing
- Cancer

If any of the above concerns are marked, please indicate any treatment received: _____

Developmental Factors:

Disability

- Diagnosed (IFSP/IEP) _____
- Suspected _____

Social-Emotional Concerns

- Diagnosed _____
- Suspected _____

(i.e. autism, developmental delay, speech/language, visual impairment, mental impairment, hearing impairment, orthopedic impairment, depression, Attention Deficit Disorder, Health Impairment, emotional behavioral disorder, traumatic brain injury, etc)

If you are a two parent household you must submitted both incomes.

Household Information

Parent/Guardian #1 (*Child lives with this parent*) _____ Date of Birth _____

Address _____ City/Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Work Number _____ Message Number _____

Race/Ethnicity: _____ Primary Language: _____

Parent/Guardian #2 _____ Does this parent live in the home? Yes or No

Address _____ City _____

Home Phone Number _____ Cell Phone Number _____

Work Number _____ Message Number _____

Race/Ethnicity: _____ Primary Language: _____

Total number of persons in the household: _____ **Number of children age 0-3** _____ **Number of children age 3-5** _____

What is your income source?

- Employed Full-time Employed Part-time Homemaker Child Support Unemployment Benefits
 Teenager Fully Supported by Parent(s) TANF (cash) SSI Financial Aid Pell Grant

How often are you paid?

- Weekly Every other week Twice a month Monthly

Transportation Services

**Bussing available for St. Cabrini, Madison, Lawrence, S. 12th, Riverton,
Early Learning Center, Lafayette and Walnut Sites**

Pick Up Address: _____
 Home Childcare

Drop Off Address: _____
 Home Childcare

Note: Transportation Available If Family Lives Within Bussing Boundaries

