

2019-2020 Preschool Application

Applying for Center in: Bedford Corning Creston Mt. Ayr Winterset

Please completely fill out each section of the application.

As of 9/15/19

Age 3

Age 4

Student Information					
First	Middle	Last	Nickname	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #
				<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid	
Doctor		Dental Coverage		Dental Coverage #	Dentist

Student: Developmental Delay/Disability Information		
Check all that apply:	What type of delay/disability?	Referred by a Professional?
<input type="checkbox"/> Disability Suspected by Parent <input type="checkbox"/> Disability Diagnosed by Professional <input type="checkbox"/> Has/had an IFSP <input type="checkbox"/> Has an IEP	<input type="checkbox"/> Speech <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Behavior <input type="checkbox"/> Other:	Name: Agency/Occupation:

Primary Adult					
First	Middle	Last	Nickname	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Custody
<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Training/Certificate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> Lives with Family <input type="checkbox"/> No <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
					Address (if not living w/child):
Email Address:					

Secondary Adult					
First	Middle	Last	Nickname	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship	Custody
<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> Grade 12 <input type="checkbox"/> Training/Certificate <input type="checkbox"/> < Grade 9 <input type="checkbox"/> Some College		<input type="checkbox"/> Full Time <input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> Lives with Family <input type="checkbox"/> No <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
					Address (if not living w/child):
Email Address:					

Other Adult					
First	Last	Child's Relationship	Birthday	Gender	Same Household
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

All Additional Children (Non-Applicant) <i>*If more than one child is applying, please complete a separate application for each child.</i>					
First	Last	Birthday	Related To:	Gender	Same Household?
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary Adult <input type="checkbox"/> Secondary Adult	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information							
Family Living Address			ZIP	City	State	County	
Family Mailing Address							
Same as living?	Mailing Address			ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (for example, name, an extension, or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> English <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income					
Instructions: Please list all forms of family income. We will need a copy of verification of family income, such as (but not limited to): W2, tax return, Child Support, FIP, SSI, Unemployment, Letter of Employment, etc. All copies of income documentation is kept strictly confidential.					
FIP Status		SSI		Other Income:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Employed by:	Description (for example: SSI, Job, Child Support)
	\$		\$		
	\$		\$		
	\$		\$		
Income Notes					

Certification	
<i>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.</i>	
Parent/Guardian Signature	Date

Please provide copy of student's birth certificate, current physical, immunization record, and income verification. We will be happy to assist you with making copies or obtaining documentation.

Return application to Central Office: MATURA Head Start, 209 N Elm St, Creston IA 50801 Phone: 641-782-6201