

I/T \_\_\_ 3-5 yr. old \_\_\_

1<sup>st</sup> yr. \_\_\_ 2<sup>nd</sup> yr. \_\_\_ 3<sup>rd</sup> yr. \_\_\_

Mfld \_\_\_ Biron \_\_\_ West \_\_\_ HB \_\_\_

Entered \_\_\_ Date \_\_\_

FDA \_\_\_

**Wood County Head Start Inc  
Preschool & Infant/Toddler Program**



**APPLICATION**



**2025-2026 Program Year**

\*All information is kept confidential. Acceptance into the program is based on the income and needs of the child/family, NOT first come/first serve basis. Applications cannot be fully processed without household income information and verification.\*

**If you are pregnant and filling this application out for yourself, go to the Family Information section.**

**CHILD'S INFORMATION**

Child's Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Female ☐ Male Race: \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ Interpreter Needed: ☐ Yes ☐ No

Does your child attend a public school or other educational program? ☐ Yes ☐ No

If yes, what program? \_\_\_ B-3 \_\_\_ Early Childhood \_\_\_ Therapies Plus \_\_\_ Other \_\_\_\_\_

Does your child have a diagnosed disability? ☐ Yes ☐ No Diagnosis: \_\_\_\_\_

Do you have any concerns about your child's overall health or development? (Ex: Learning, Behavior, Speech, Autism, Hearing, Etc.): \_\_\_\_\_

Does child have IEP/IFSP ☐ Yes ☐ No How did you hear about Head Start? \_\_\_\_\_

**FAMILY INFORMATION**

Child Lives With: \_\_\_\_\_ Total Number in Family: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Address is: ☐ My own residence ☐ Relative/Friend's Residence ☐ Shelter ☐ Other: \_\_\_\_\_

Do you own or rent?: ☐ Own ☐ Rent ☐ Other: \_\_\_\_\_

Housing Type: ☐ Apartment ☐ Duplex ☐ House ☐ Mobile Home ☐ Other: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Does your family have a custody agreement or court order regarding the child? ☐ Yes ☐ No

If yes, please explain briefly: \_\_\_\_\_

**\*We will need any paperwork showing out of home placement. Custody paperwork may also be needed. \***

## PUBLIC ASSISTANCE

- ☐ WIC
- ☐ SNAP Benefits
- ☐ Housing Assistance
- ☐ Childcare Assistance

- ☐ Supplemental Security Income (SSI)
- ☐ Foster Care/Adoption Subsidy
- ☐ Wisconsin Works (W2)

Child's Insurance: ☐ Medical Assistance/Badger Care ☐ Private

### Primary Parent/Caregiver Information

Caregiver Name: (Last)\_\_\_\_\_ (First):\_\_\_\_\_ Date of Birth\_\_\_\_\_

Relationship to Child: ☐ Mother ☐ Father ☐ Foster Parent ☐ Legal Guardian ☐ Other: \_\_\_\_\_

Address (If different than child's): \_\_\_\_\_  
Street City/State Zip

Phone Number: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address\_\_\_\_\_

Currently Pregnant? ☐ Yes ☐ No If yes, due date? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Interpreter Needed: ☐ Yes ☐ No

Currently in Military or Military Vet? ☐ Yes ☐ No

Highest Grade Completed: \_\_\_\_\_ Are you a current student? ☐ Yes ☐ No

Employment Status: ☐ Employed ☐ Unemployed ☐ Job Seeking ☐ Disabled ☐ Retired

Employer: \_\_\_\_\_ Number of Hours Per Week: \_\_\_\_\_

Please list any other people living in the household. **INCLUDE ALL SIBLINGS**

First and Last Name	Date of Birth	Sex	Relationship to Child ( Brother, Sister, Uncle)

Is there any other information you feel we should know regarding your child, family, or living situation?

---

---

## Secondary Parent/Caregiver Information

Caregiver Name: (Last)\_\_\_\_\_ (First): \_\_\_\_\_ Date of Birth\_\_\_\_\_

Relationship to Child: ☐ Mother ☐ Father ☐ Foster Parent ☐ Legal Guardian ☐ Other: \_\_\_\_\_

Address (If different than child's): \_\_\_\_\_  
Street City/State Zip

Phone Number: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address\_\_\_\_\_

Currently Pregnant? ☐ Yes ☐ No If yes, due date? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Interpreter Needed: ☐ Yes ☐ No

Currently in Military or Military Vet? ☐ Yes ☐ No

Highest Grade Completed: \_\_\_\_\_ Are you a current student? ☐ Yes ☐ No

Employment Status: ☐ Employed ☐ Unemployed ☐ Job Seeking ☐ Disabled ☐ Retired

Employer: \_\_\_\_\_ Number of Hours Per Week: \_\_\_\_\_

Please list any other people living in the household. **INCLUDE ALL SIBLINGS** (Only if different than Primary Caregiver)

First and Last Name	Date of Birth	Sex	Relationship to Child ( Brother, Sister, Uncle)

Is there any other information you feel we should know regarding your child, family, or living situation?

---

---

## RELEASE OF INFORMATION

I give permission for Wood County Health Dept (Immunization Records, Lead and Hemoglobin), Wood County Head Start, Department of Human Services, Wisconsin Health Services and/or WIC to release/access information for my family to Wood County Head Start staff in order to verify services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agency Use Only

*Application Documentation: (Date and Initial each entry)*

☐ DOB Verified: \_\_\_\_\_ Source: \_\_\_\_\_

[illegible]

\*Race is required for statistical purposes  
This organization is an equal opportunity provider

**Wood County Head Start, Inc.**  
1011 8<sup>TH</sup> Street South  
Wisconsin Rapids, WI 54494  
(715) 421-2066  
(866) 421-2066  
Fax 715-421-2069  
[www.woodcoheadstart.org](http://www.woodcoheadstart.org)  
Email: [wchs@woodcoheadstart.org](mailto:wchs@woodcoheadstart.org)

January 10, 2025

