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	Interpre	ter Needec	d: □ Yes □ No		
Does your child attend a public school or other educational program? \square Yes \square 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 yo	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	t Head Start?		
FAMILY INFORMATION					
Child Lives With: Total Number in Family:					
Address:					
	Street		City/State	Zip	
Address is: Addres] Relative/Friend's	s Residence	e 🗆 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 ag	greement or court	order rega	rding the child? \Box Yes \Box 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 Securi Foster Care/Adoptior Wisconsin Works (W2	Subsidy	
	Child's Insurance:	□ Medical Ass	istance/Badg	ger Care 🗆 Private		
Primary Parent/Caregiver Information						
Caregiver	Caregiver Name: (Last) Date of Birth					
Relationship to Child: 🗆 Mother 🗆 Father 🛛 Foster Parent 🗆 Legal Guardian 🗆 Other:						
Address (I	f different than child's):					
		Street		City/State		Zip
Phone Nu	mber: Cell:	Otl	ner:		_	
Email Add	Iress					
Currently Pregnant? 🗆 Yes 🗆 No 🛛 If yes, due date? Marital Status:						
Race:	ace: Primary Language: Interpreter Needed: 🗆 Yes 🗆 No					
Currently in Military or Military Vet? Ves No						
Highest G	Highest Grade Completed: Are you a current student? \Box Yes \Box No					
Employment Status: 🗆 Employed 🗆 Unemployed 🛛 Job Seeking 🗆 Disabled 🛛 Retired						
Employer:	:		Nu	Imber of Hours Per W	eek:	

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 🗆 O	ther:	-
Address (If different than child's):				
	Street	City/State	Zip	
Phone Number: Cell:	Other:		-	
Email Address				
Currently Pregnant? \Box Yes \Box No	If yes, due date?	Marital Status: _		
Race: Primary	Language:	Interpreter Needed:	□ Yes □ No	
Currently in Military or Military Vet? Ves No				
Highest Grade Completed:	Are you a	current student?	s 🗆 No	
Employment Status: Employed Unemployed Job Seeking Disabled Retired				
Employer:		Number of Hours Per W	eek:	

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)

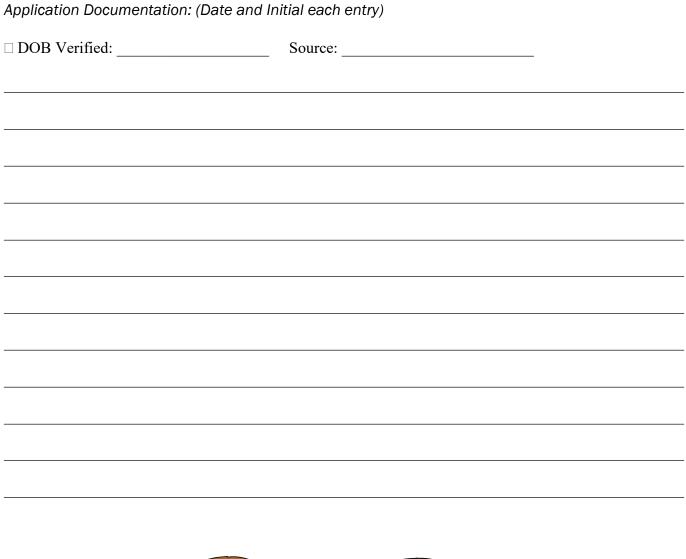
Is there any other information you feel we should know regarding your child, family, or living situation?

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





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

Wood County Head Start, Inc.

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