

I/T ___ 3-5 yr. old ___

1st yr. ___ 2nd yr. ___ 3rd yr. ___

Mfld ___ Biron ___ West ___ HB ___

Entered ___ Date ___

FDA ___

Wood County Head Start Inc
Preschool & Infant/Toddler Program



2026–2027 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 Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Race: ☐ African American ☐ Caucasian ☐ Asian/Hmong ☐ Native American ☐ Pacific Islander ☐ Unspecified

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 child have IEP/IFSP? ☐ Yes ☐ No 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.): _____

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: _____

If living with relatives/friends, please briefly explain: _____

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/Pregnant Mom 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: _____

All applicants-please ensure application is signed prior to submission

Agency Use Only

Application Documentation: (Date and Initial each entry)

☐ DOB Verified: _____ Source: _____

[illegible]

*In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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