

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

 **APPLI CATI ON** 
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: _____

Zip

Email Address

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 _____

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: _____



*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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