

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 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\***

