

**Kitsap Community Resources**  
**Early Learning and Family Services**  
1201 Park Avenue  
Bremerton, WA 98337  
(360) 473-2075  
www.kcr.org

Referred by: \_\_\_\_\_  
Name Agency

Contact number: \_\_\_\_\_

Please fill out a separate application for each child/prenatal applicant.

## Head Start/Early Head Start/Early Childhood Education Assistance Program 2009-2010 Application

### CHILD/PRENATAL INFORMATION

Child/Prenatal Applicant's Name \_\_\_\_\_  
First Middle Initial Last

Birth Date/Due Date \_\_\_\_\_ Gender  Male  Female Foster Child  Yes  No

Does your child have an  IFSP  IEP School District of IEP \_\_\_\_\_

Concerns for/about your child \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
city zip code

Mailing Address \_\_\_\_\_  
(If different than above) city zip code

Relationship to applying child/prenatal \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
city zip code

Mailing Address \_\_\_\_\_  
(If different then above) city zip code

Relationship to applying child/prenatal \_\_\_\_\_

### FAMILY/HOUSEHOLD INFORMATION

Single Parent Household  Two Parent Household Total number living in household \_\_\_\_\_

Number of children living in household \_\_\_\_\_ Ages of children in household \_\_\_\_\_

Any member of the household pregnant  Yes  No Due Date \_\_\_\_\_

Primary Language \_\_\_\_\_ Source of Income \_\_\_\_\_

Currently receive:  TANF cash grant  SSI **Currently Homeless:**  Yes  No

Currently receive child care subsidies:  Yes  No Applied for child care subsidies:  Yes  No

**PLEASE COMPLETE THE BACK SIDE OF APPLICATION ALSO.**

**IN ORDER TO COMPLETELY PROCESS AN APPLICATION, IT MUST HAVE  
VERIFICATION OF THE LAST 12 MONTHS OF INCOME AND CURRENT IMMUNIZATION RECORDS.**

**ENROLLMENT INFORMATION**

Currently have another child enrolled in: KCR Head Start/EHS/ECEAP OESD Head Start/EHS/ECEAP

Site enrolled child/sibling is currently attending:\_\_\_\_\_

Have had a child previously enrolled in the KCR Head Start/EHS/ECEAP program:  Yes  No

How did you hear about the program?\_\_\_\_\_

Concerns for/about your family:\_\_\_\_\_

**PROGRAM OPTIONS:** Please mark which program option you are interested in.

Prenatal Options
<input type="checkbox"/> <b>Home Based</b> Home visitors come into your home and work with you & your child. In-center socialization times are provided for children & families to interact. The program is <b>FREE</b> to those who qualify. Classes are in session all year.

Infants/Toddlers Options
<input type="checkbox"/> <b>Home Based</b> Home visitors come into your home and work with you & your child. In-center socialization times are provided for children & families to interact. The program is <b>FREE</b> to those who qualify. Classes are in session all year.

Preschoolers (3-5 yrs) Options
<input type="checkbox"/> <b>Part Day Preschool</b> Classes are 2.5 - 3.5 hrs a day, 4 days a week depending on the site. Classes are <b>FREE</b> to those who qualify. Classes are in session September through May/June.

- All information on this form, and other Head Start/Early Head Start/ECEAP individual records, is confidential. Written parent permission is required to forward individual records to individuals or agencies outside of the KCR or Olympic ESD Head Start/Early Head Start/ECEAP Programs.

<input type="checkbox"/> <b>Full Day</b> Must have a demonstrated need for full day services. Classes are 5 days a week, minimum of 6 hrs a day. EHS program is <b>FREE</b> to those who qualify. <b>Use of additional child care hours will require child care subsidies or private pay.</b>
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<input type="checkbox"/> <b>Full Day</b> Must have a demonstrated need for full day services. Classes are 5 days a week, minimum of 6 hrs a day. HS program is <b>FREE</b> to those who qualify. <b>Use of additional child care hours will require child care subsidies or private pay.</b>
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**LOCATION:** Please mark all locations of interest.

\*Applications interested in areas that are served by Olympic ESD will be forwarded to that program.

Bainbridge Island East Bremerton West Bremerton Kingston\* Port Orchard\* Poulsbo Silverdale

**CHILD PROFILE:**

Kitsap Community Resources, Early Learning & Family Services Division has my permission to access Child Profile in order to obtain the immunization records of the below listed child for the sole purpose of enrollment.

Child's name (print)\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

<b>Kitsap Community Resources</b> <b>Early Learning and Family Services</b> (360) 473-2075      www.kcr.org	<b>Olympic ESD #114</b> <b>Head Start/EHS/ECEAP Program</b> (360) 478-6889      www.oesd.wednet.edu
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- These programs are available to eligible children without regard to race, color, disability, sex, gender, or national origin.
- TTY (360) 782-5062 (hearing and speech impaired) Translation available in other languages.
- Transportation assistance available for those in need.