

Kitsap Community Resources
Early Learning and Family Services
1201 Park Avenue
Bremerton, WA 98337
(360) 473-2075 fax (360) 473-2114
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 2010-2011 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 _____

Home Phone _____ Work Phone _____ Cell 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 _____

Home Phone _____ Work Phone _____ Cell 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"/> Home Based 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 FREE to those who qualify. Classes are in session all year.

Infants/Toddlers Options
<input type="checkbox"/> Home Based 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 FREE to those who qualify. Classes are in session all year.

Preschoolers (3-5 yrs) Options
<input type="checkbox"/> Part Day Preschool Classes are 2.5 - 3.5 hrs a day, 4 days a week depending on the site. Classes are FREE 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"/> Full Day Must have a demonstrated need for full day services. Classes are 5 days a week, minimum of 6 hrs a day. EHS program is FREE to those who qualify. Use of additional child care hours will require child care subsidies or private pay.
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<input type="checkbox"/> Full Day Must have a demonstrated need for full day services. Classes are 5 days a week, minimum of 6 hrs a day. HS program is FREE to those who qualify. Use of additional child care hours will require child care subsidies or private pay.

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_____

Kitsap Community Resources Early Learning and Family Services (360) 473-2075 www.kcr.org	Olympic ESD #114 Head Start/EHS/ECEAP Program (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.