



**NORTH SNOHOMISH COUNTY EARLY HEAD START  
Program Application**



**ABOUT YOUR CHILD: (Skip this section if pregnant)**

Child's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex of child:  Female  Male

<b>Race (optional)</b> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Bi Racial /Multi-Racial <input type="checkbox"/> Other: _____	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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**ABOUT YOUR FAMILY:**

Language spoken at home: \_\_\_\_\_ Do you need an interpreter?  Yes  No

How many people are in your family? \_\_\_\_\_ How many people are in your household? \_\_\_\_\_

Is anyone in your family pregnant?  Yes  No If yes, what is the due date? \_\_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_ Does the child live with this parent?  Yes  No

Living Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Parent's employment status: \_\_\_\_\_ Highest grade completed in school: \_\_\_\_\_

<b>Race (optional)</b> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Bi Racial /Multi-Racial <input type="checkbox"/> Other: _____	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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**Parent/Guardian #2:** \_\_\_\_\_ Does the child live with this parent?  Yes  No

Living Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Parent's employment status: \_\_\_\_\_ Highest grade completed in school: \_\_\_\_\_

<b>Race (optional)</b> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Bi Racial /Multi-Racial <input type="checkbox"/> Other: _____	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Please provide the names and birthdates for ALL additional people who are living in your home:

Name	Birth date

Name	Birth date

**Please continue on reverse**

**ABOUT YOUR INCOME:**

Type of income (check all that apply):	Total Amount per Year
<input type="checkbox"/> TANF Cash Assistance	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Foster Child Income	\$
<input type="checkbox"/> Employment (total from all family members)	\$
<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Other (please describe):	\$

**PRIORITY FOR ENROLLMENT** is based on family need and circumstances. Please check ALL that apply

CHILD	FAMILY
<input type="checkbox"/> Diagnosed Disability (IEP, IFSP)	<input type="checkbox"/> Single parent that is working
<input type="checkbox"/> Suspected Disability (concerned about child's behavior or learning)	<input type="checkbox"/> Either parent is in school/training
<input type="checkbox"/> Medical or Dental Concern	<input type="checkbox"/> Kinship or other relative care
<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Special Circumstances (recent divorce/separation, major family change/crisis, illness/mental health, death in family)
<input type="checkbox"/> Child was previously enrolled in an Early Head Start program	<input type="checkbox"/> No permanent housing
	<input type="checkbox"/> Referral from other agency. Where? _____

**Please add any other concerns you have for your child or family:**

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

**Please mail your completed application to:**

**North Snohomish County Early Head Start  
3000 Rockefeller M/S 305  
Everett, WA 98201**

**Questions?  
Call 425-388-6439**

**VERIFICATION:** I verify that the information I have put on this application is true and accurate. I have listed the total annual income for all members of my family. I understand that this is an application ONLY and does not guarantee my child's enrollment. I understand that false information on this form could change the status of my child's enrollment.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_