



Head Start / Early Head Start Waiting List and Enrollment Application

1. **Every applicant must attach copies of the following documents to expedite processing:**
A) Child's Birth Certificate, **B)** Proof of Family's Gross Annual Income: 1040's, W-2's for every employment held, Income documentation of the last 12 months, Current Notice of Action for CalWORKs/TANF Cash Aid, and **C)** Child's current Immunization Record.
2. Take or mail application with attached copies of documents listed above in section **A, B, C** to the nearest Head Start Center or the CDR Main office located at: 221 E. Ventura Blvd. Oxnard, CA 93036. (805) 485-7878. Fax: (805) 604-4890. To download a Head Start/Early Head Start Application or for locations of Head Start Centers, visit our website at www.cdrv.org

Early Head Start – Pregnant Women **Early Head Start – Infant/Toddler, 0-3 Years** **Head Start – Children, 3–5 Years**
 (Please check the box next to the program that you wish to apply for. You can check all boxes if applicable)

Preferred Center: First Choice: _____ Second Choice: _____

Program Option: Center-Based: Part Day (3 Hrs.) Center-Based Blended/Extended (6 Hrs.) Center-Based: Full Day (8-10 Hrs.)
 Home-Based (Weekly Visit) Family Child Care

LIST ALL APPLICANTS APPLYING FOR SERVICES			
Last Name	First Name	Middle Name	Date of Birth

Pregnant Woman? Yes No If Yes, Due Date: _____ **One-Parent Household** **Two-Parent Household**

List adults living in the home and related to child applying for services: Parents, Step-Parents, Foster Parents and Legal Guardians. Include adults applying for services.						FOR HEAD START OFFICE USE ONLY						
	Last Name	First Name	Middle Initial	Birthdate	Sex	STOP	Race	Education Level	Work Status	Preferred Language	Secondary Language	
Parent 1					M F							
Parent 2					M F							
Other					M							
					F							

List children living in the home related to Parent, Step-Parent, Foster Parent and Legal Guardian. Include children that are applying for services.						FOR HEAD START OFFICE USE ONLY					
	Last Name	First Name	Middle Initial	Birthdate	Sex	STOP	Race	How Related	Preferred Language	Secondary Language	
					M F						
					M F						
					M F						
					M F						
					M F						
					M F						

Home Address: _____ City: _____ Zip Code: _____

Mailing Address (if different than home): _____

Parent 1 - Phone Number: _____ Cell Phone Home Phone Email Address: _____

Parent 2 - Phone Number: _____ Cell Phone Home Phone Email Address: _____

Parent/Guardian Initials: _____ I give permission to Child Development Resources to communicate electronically via text or email.

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ANSWER THE FOLLOWING QUESTIONS. PLEASE MARK YES OR NO FOR EACH.			
1. Is applicant a CDR employee or related to a CDR employee? If yes, write the name of the person: _____	Yes No	6. Does your child take medications or have allergies, food intolerances or special dietary preferences? If yes, describe: _____	Yes No
2. Is there a custody/court order for the child(ren) applying? If yes, attach copy of custody order.	Yes No	7. Does your child have a certified Mental Health need? If yes, attach copy of the referral.	Yes No
3. Does the family receive Supplemental Security Income (SSI)? If yes, attach copy of award letter.	Yes No	8. Does your child have a certified Disability? If yes, attach current IEP/IFSP.	Yes No
4. Does the family receive CalWORKs/TANF Cash Aid assistance? If yes, attach copy of Notice of Action.	Yes No	9. Does your child have a certified Health need? If yes, attach copy of the referral.	Yes No
5. Are you receiving services from the Children and Family Services Agency?	Yes No	10. Do you have any other concerns? If yes, please describe: _____	Yes No

FAMILY LIVING SITUATION: (Check all that apply) *	
Sharing housing with friends or relatives because you cannot find or afford housing alone	In a garage, trailer or car
Shelter/Transitional Housing Program – Name: _____	Motel/Hotel/Campground – Name: _____
Other places not designed for regular sleeping accommodations for human beings (explain):	

*** NOTE TO STAFF: IF ANY MARKED ABOVE, COMPLETE PARTICIPANT RESIDENCY QUESTIONNAIRE**

Gross Family Income for the last 12 Months: \$ _____ Number of Adults: _____ Number of Children: _____

Certification: I attest that the information stated above is true and accurate, and I understand that the above information, if falsified, may be grounds for my child's dismissal from the Child Development Resources program.

Parent/Guardian Signature: _____ **Relationship:** _____ **Date:** _____

STOP - - - HEAD START / EARLY HEAD START OFFICE USE ONLY - - - STOP									
Family Type: Natural Foster Non-Parent Other					Other than Medi-Cal, indicate the type of health coverage you have below:				
TANF: Yes No		Medi-Cal Status: (Check One) Eligible Not Eligible Potentially			Please Check One: Other Private None				
Name of Insurance: _____					Policy Number: _____				
Medi-Cal # _____ Regular Emergency					Are you receiving child care subsidy? Yes No				
At least one parent/guardian in active duty for US military?			Yes No		WIC: Yes No		SSI: Yes No		SNAP: Yes No
At least one parent/guardian a veteran of the US military?			Yes No		Home Language: _____				
Central Office Notes:									

How Related	Primary Language Codes	
C = Biological/Adopted/Step F = Foster G = Grand Child N = Other Relative O = Other	EN = English SP = Spanish CH = Chinese JP = Japanese V = Vietnamese TG = Filipino (Tagalog) HI = Hindi KH = Khmer KO = Korean SL = Sign Language AR = Arabic FA = Farsi PR = Persian PN = Punjabi PS = Pashto UR = Urdu OT = Other (Specify)	
Education Level Codes – Last Grade Completed G9 = 0-9 th Grade G10 = 10 th Grade G11 = 11 th Grade G12 = 12 th Grade GED = General Education Diploma HSG = High School COL = Some College A = Associate B = Bachelor M = Master	Employment (Work) Status Codes F = Full Time P = Part Time U = Unemployed S = Seasonal B = Full Time Work/Training L = Part Time Work/Training T = Training and/or School R = Retired/Disabled	Race Codes A = Asian B = Black H = Hispanic W = White NA = Native American PI = Pacific Islander O = Other (Specify)

Staff Signature: _____ **Date:** _____