



City of Lakewood – Early Childhood Education Programs Application

12100 W. Alameda Pkwy., Lakewood, CO 80228 – Phone: 303-987-2490 Fax: 303-987-4863

Site Requested: 1st Choice: _____

2nd Choice: _____

Child or Pregnant Applicant Information					
First Name	Middle Name	Last Name	DOB	Gender	Language spoken in home:
				<input type="checkbox"/> M <input type="checkbox"/> F	Primary: Secondary:
Race: (Check all that apply)		Health Insurance:		Doctor/Clinic Name:	Dentist/Clinic Name:
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> Medicaid <input type="checkbox"/> CHP+ <input type="checkbox"/> None <input type="checkbox"/> Private/Other:			
				Phone:	Phone:
Hispanic/Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid/Insurance #:		WIC:	<input type="checkbox"/> Yes <input type="checkbox"/> No WIC ID #:

Additional Child Information: (please answer each one)	
Concern about my child's development <input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or IFSP (Diagnosed Disability) <input type="checkbox"/> Yes <input type="checkbox"/> No
Others have concerns about my child's development. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a chronic medical condition. <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No	Takes regular medication or has a current prescription. <input type="checkbox"/> Yes <input type="checkbox"/> No
Vision/Wears glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	Has an allergy (including food) <input type="checkbox"/> Yes <input type="checkbox"/> No
Speech/Language concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Poor social skills <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral/Emotional concerns <input type="checkbox"/> Yes <input type="checkbox"/> No	Potty trained <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____ _____	
Are there any custody issues or restraining orders that we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and provide copy of court documentation: _____ _____	
Who does the child applicant live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other	
Has your child attended another preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which preschool?: _____	
Please list and other comments, concerns or anything else you think would be helpful to your application. _____ _____	

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Primary Adult Information						
First Name	Middle Initial	Last Name	DOB	Gender	Language:	
				<input type="checkbox"/> M <input type="checkbox"/> F	Primary: Secondary:	
<u>Living Address:</u>					<u>Zip:</u>	
<u>Email Address:</u>					<u>Lives with family</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Phone Number:</u>					<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
<u>How would you prefer to be contacted?</u>		_____ Text		_____ Email		_____ Phone
<u>Race:</u> (Check all that apply)		<u>Highest grade completed:</u> (check one)			<u>Employment Status:</u>	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Technical or Advanced Training <input type="checkbox"/> Associate degree or higher <hr/> Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent/ Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other			<input type="checkbox"/> Full time <input type="checkbox"/> Part Time (Under 30hrs/week) <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed (looking for employment) <input type="checkbox"/> Retired or Disabled	
Hispanic/Latino:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Provides financial support to family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent /Guardian Employment Information:						
Name of Employer _____ Address _____ City _____ Zip _____ Business Phone _____ <input type="checkbox"/> Not Applicable						

Secondary Adult Information						
First Name	Middle Initial	Last Name	DOB	Gender	Language:	
				<input type="checkbox"/> M <input type="checkbox"/> F	Primary: Secondary:	
<u>Living Address:</u>					<u>Zip:</u>	
<u>Email Address:</u>					<u>Lives with family</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Phone Number:</u>					<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work
<u>How would you prefer to be contacted?</u>		_____ Text		_____ Email		_____ Phone
<u>Race:</u> (Check all that apply)		<u>Highest grade completed:</u> (check one)			<u>Employment Status:</u>	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Technical or Advanced Training <input type="checkbox"/> Associate degree or higher <hr/> Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent/ Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other			<input type="checkbox"/> Full time <input type="checkbox"/> Part Time (Under 30hrs/week) <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed (looking for employment) <input type="checkbox"/> Retired or Disabled	
Hispanic/Latino:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Provides financial support to family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent /Guardian Employment Information:						
Name of Employer _____ Address _____ City _____ Zip _____ Business Phone _____ <input type="checkbox"/> Not Applicable						

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services. For persons needing reasonable accommodations to participate in a city program call 303-987-2490.

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Family Information

Please list all other persons living in your home.

DO NOT INCLUDE ANYONE LISTED IN THE FIRST TWO PAGES OF THE APPLICATION

First Name	Middle Initial	Last Name	Date of Birth	Gender	Race	Language	Relationship to Applicant
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
Total number of family members who are supported by the Primary/Secondary Adults:							

Additional Family Information: (please answer each question)

TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling in Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No
SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent has a disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic Violence Services (past or present) <input type="checkbox"/> Yes <input type="checkbox"/> No
SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Substance or Alcohol Abuse (past or present) <input type="checkbox"/> Yes <input type="checkbox"/> No

Homeless Family* (living with relatives or friends, in shelter, car or hotel because of finances) ☐ Yes ☐ No
 Number of times moved in the last year? _____

**The term homeless means individuals who lack a fixed, regular or adequate nighttime residence due to loss of housing, economic hardship or similar reason.*

How did you hear about City of Lakewood programs?

☐ Family or friend ☐ Flyer ☐ Previously enrolled child ☐ Website ☐ Other _____

Would you be interested in receiving information about our Home Visitor program for children birth to three years old?

☐ Yes ☐ No

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Parent/Guardian,

Please read each statement below and initial each one.

_____ Due to Program Regulations, the City of Lakewood Head Start Program is not able to provide services to those families that do not reside within Lakewood's city limits. If you move at any time during the school year, you must contact your Family Support Worker(FSW) to develop a transition plan.

_____ City of Lakewood Head Start does not provide transportation. I understand I will be responsible for my child's transportation to and from school and maintain regular attendance. I will contact a Family Support Worker (FSW) for assistance in finding alternate transportation if necessary.

_____ I hereby certify that all information provided for my child's enrollment into the City of Lakewood programs is true. If any part is false, my child's participation in this agency's program may be terminated and may be subject to legal action. I understand that the information in this application will be held in strict confidence with the agency.

Parent or Guardian Signature

Date

Staff Signature

Date

Office Use Only:

Application entered by:

Date: