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:
				□ **M** □ **F**	Primary: Secondary:

Race: (Check all that apply)	**Health Insurance:**	**Doctor/Clinic Name:**	**Dentist/Clinic Name:**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Multi-Racial/Bi-Racial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____	□ Medicaid □ CHP+ □ None □ Private/Other:	Phone:	Phone:

Hispanic/Latino:	□ **Yes** □ **No**	**Medicaid/Insurance #:**	**WIC:**	□ **Yes** □ **No**	**WIC ID #:**

Additional Child Information: (please answer each one)

Concern about my child's development	❑ Yes ❑ No	IEP or IFSP (Diagnosed Disability)	❑ Yes ❑ No
Others have concerns about my child's development.	❑ Yes ❑ No	Has a chronic medical condition.	❑ Yes ❑ No
Hearing Impairment	❑ Yes ❑ No	Takes regular medication or has a current prescription.	❑ Yes ❑ No
Vision/Wears glasses	❑ Yes ❑ No	Has an allergy (including food)	❑ Yes ❑ No
Speech/Language concerns	❑ Yes ❑ No	Poor social skills	❑ Yes ❑ No
Behavioral/Emotional concerns	❑ Yes ❑ No	Potty trained	❑ Yes ❑ No

If yes, please explain: _____

_____

Are there any custody issues or restraining orders that we need to be aware of? ❑ Yes ❑ No
If yes, please explain and provide copy of court documentation:

_____

_____

Who does the child applicant live with? ❑ Mother ❑ Father ❑ Both parents ❑ Other

Has your child attended another preschool? ❑ Yes ❑ 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:
				□ M □ F	Primary: Secondary:

Living Address:		**Zip:**	
Email Address:		**Lives with family**	□ **Yes** □ **No**
Phone Number:		□ **Cell** □ **Home** □ **Work**	
How would you prefer to be contacted?	____ Text ____ Email	____ Phone	

Race: (Check all that apply)	**Highest grade completed:** (check one)	**Employment Status:**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Multi-Racial/Bi-Racial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____	□ Grade 9 or less □ Grade 10 □ Grade 11 □ GED □ High School Graduate □ Technical or Advanced Training □ Associate degree or higher **Relationship to Child**: □ Mother □ Father □ Grandparent/ Relative □ Foster □ Other	□ Full time □ Part Time (Under 30hrs/week) □ Training or School □ Unemployed (looking for employment) □ Retired or Disabled

Hispanic/Latino:	□ **Yes** ■ **No**	**Provides financial support to family?** □ **Yes** □ **No**

Parent /Guardian Employment Information:

Name of Employer _____ Address _____

City _____ Zip _____ Business Phone _____

❑Not Applicable

Secondary Adult Information

First Name	Middle Initial	Last Name	DOB	Gender	Language:
				□ M □ F	Primary: Secondary:

Living Address:		**Zip:**	
Email Address:		**Lives with family**	□ **Yes** □ **No**
Phone Number:		□ **Cell** □ **Home** □ **Work**	
How would you prefer to be contacted?	____ Text ____ Email	____ Phone	

Race: (Check all that apply)	**Highest grade completed:** (check one)	**Employment Status:**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Multi-Racial/Bi-Racial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____	□ Grade 9 or less □ Grade 10 □ Grade 11 □ GED □ High School Graduate □ Technical or Advanced Training □ Associate degree or higher **Relationship to Child**: □ Mother □ Father □ Grandparent/ Relative □ Foster □ Other	□ Full time □ Part Time (Under 30hrs/week) □ Training or School □ Unemployed (looking for employment) □ Retired or Disabled

Hispanic/Latino:	□ **Yes** □ **No**	**Provides financial support to family?** □ **Yes** □ **No**

Parent /Guardian Employment Information:

Name of Employer _____ Address _____

City _____ Zip _____ Business Phone _____

❑Not Applicable

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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
				□ **M** □ **F**			
				□ **M** □ **F**			
				□ **M** □ **F**			
				□ **M** □ **F**			
				□ **M** □ **F**			
				□ **M** □ **F**			
				□ **M** □ **F**			
Total number of family members who are supported by the Primary/Secondary Adults:							

Additional Family Information: (please answer each question)

TANF ❑ Yes ❑ No	Military Family ❑ Yes ❑ No	Sibling in Head Start ❑ Yes ❑ No
SSI ❑ Yes ❑ No	Public Housing ❑ Yes ❑ No	Referred by Child Welfare Agency ❑ Yes ❑ No
Foster Child ❑ Yes ❑ No	Parent has a disability ❑ Yes ❑ No	Domestic Violence Services (past or present) ❑ Yes ❑ No
SNAP ❑ Yes ❑ No	Current Teen Parent ❑ Yes ❑ No	Substance or Alcohol Abuse (past or present) ❑ Yes ❑ 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:

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