

Holy Cross Head Start, Inc.
Pre-Application

Date: _____
Recruitment Event/Location of Pre-Application: _____
Child's Name: _____
Child's DOB: _____ Gender: _____
Address: _____
Child's Ethnicity: _____ Primary Language: _____
Is child applying a foster child?: _____
Does child have an IEP (Individualized Education Plan)?: _____

Guardian #1 Name: _____
Guardian #1 DOB: _____ Gender: _____
Guardian #1 Telephone Number: _____
Highest level of school: _____
Currently in school?: FT or PT Currently working?: FT or PT
Annual Gross Income: _____

Guardian #2 Name: _____
Guardian #2 DOB: _____ Gender: _____
Guardian #2 Telephone Number: _____
Highest level of school: _____
Currently in school?: FT or PT Currently working?: FT or PT
Annual Gross Income: _____

Please list the names of all other people residing in the household:

Name	Relation to Child	DOB

Please check if you or anyone in the household receives:

WIC _____ Food Stamps _____ Medicaid _____
TANF _____ SSI _____

Type of Housing: House or Apartment Rent or Own Homeless

How did you hear about us: _____

Staff Name: _____