

Holy Cross Head Start Inc.

150 Maryland Street
Buffalo, New York 14201
Telephone: (716) 852-8373 Fax: (716) 854-7046

Application Date: _____

Center Preference:

- Holy Cross Main School – 150 Maryland St.
- Dewitt School – 368 Dewitt St.
- Central School – 89 Military Rd.
- Northwest School – 155 Lawn Ave.
- North Buffalo School – 203 Sanders Rd.
- Parkside School – 169 Sheridan Parkside

Child Information:

Child's Name: _____

Birthdate: _____ Gender: _____ Spoken Language: _____

Living Address: _____

City: _____ Zip Code: _____

Race:

- African American/Black
- American Indian or Alaskan Native
- Asian
- Caucasian
- Native Hawaiian or other Pacific Islander
- Biracial/Multi-racial: please specify _____

Is the child Hispanic, Latino or of Spanish origin: Yes No

Is there custody paperwork in place for this child: Yes No

Does your child have a disability/Individualized Education Plan (ex. speech services)?

Yes No

Does your child have any allergies? Yes* No

*If you answered "Yes", additional health paperwork will need to be completed by your child's doctor.

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Primary Parent/Guardian Information (living in the household):

Name: _____

Birthdate: _____ Gender: _____ Spoken Language: _____

Address: _____

City: _____ Zip Code: _____

Housing Type: House Apartment Other

Payment Source: Own Rent Another Source (specify) _____

Phone Number: _____ E-mail Address: _____

Relation to Child: _____ Currently Pregnant: Yes No NA

Race:

- African American/Black
- American Indian or Alaskan Native
- Asian
- Caucasian
- Native Hawaiian or other Pacific Islander
- Biracial/Multi-racial: please specify _____

Is the parent Hispanic, Latino or of Spanish origin: Yes No

School: PT FT Not in School

Highest Level of School Completed: _____

Working: PT FT Not Working

Type of Income (check all that apply):

Earned Wages TANF SSI Other (specify): _____

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Family Data

Do you receive any of the following: WIC Medicaid Food Stamps

Is there a family member with a disability: Yes No

Family Type: Biological Foster Other family type: _____

Parent Type: Single Parent Family
 Single Parent Living with Partner
 Two Parent Family (not married)
 Two Parent Family (married)

How did you hear about our program (check one only):

- | | |
|--|--|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Lawn Sign/Building Sign |
| <input type="checkbox"/> Court | <input type="checkbox"/> Live in Community |
| <input type="checkbox"/> CPS | <input type="checkbox"/> Community Agency:
_____ |
| <input type="checkbox"/> CPSE | <input type="checkbox"/> Previously Attended as a Child |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Returning Family |
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> School District |
| <input type="checkbox"/> DSS | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Early Head Start/Head Start | <input type="checkbox"/> Social Media (Facebook, Twitter, Etc.) |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Word of Mouth (Family Member, Friend, Etc.) |
| <input type="checkbox"/> Faith Based | |
| <input type="checkbox"/> Flyer/Mailing | |