

# Redding Rancheria Head Start and Child Care

1950 Redding Rancheria Road, Redding, CA 96001  
 (530) 225-8925 fax (530) 225-8930 (updated 45-19-08)

## Pre – Application Form

Rcvd _____	Initials _____
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**>Child's Name:** \_\_\_\_\_  
Last Name First Name Mi

Date of Birth: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Interested in – check all that apply :  
 ( \_\_ Head Start) ( \_\_ Subsidized child care) ( \_\_ Private Pay Child Care)  
 For school age children: School attending \_\_\_\_\_ Grade \_\_\_\_\_

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 If applying for more than one child:

**>(second) Child's Name:** \_\_\_\_\_  
Last Name First Name Mi

Date of Birth: \_\_/\_\_/\_\_ Age: \_\_\_\_\_ Interested in – check all that apply :  
 ( \_\_ Head Start) ( \_\_ Subsidized child care) ( \_\_ Private Pay Child Care)  
 For school age children: School attending \_\_\_\_\_ Grade \_\_\_\_\_

Please duplicate form if you are seeking services for more than two children.

**Child's Race / Ethnicity (mark only one):**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White (non-Hispanic) |
| Tribal affiliation: _____                | <input type="checkbox"/> Black (non-Hispanic) |
| <input type="checkbox"/> Other (_____)   | <input type="checkbox"/> Hispanic             |

Has the child(ren) been diagnosed with or is the child suspected to have any special needs? Is this child(ren) receiving Child Protective Services?

\_\_\_\_\_

\_\_\_\_\_

**Address where the child(ren) live; Are you homeless? ( \_\_yes) ( \_\_no) Living in temporary housing? ( \_\_yes) ( \_\_no) Requesting transportation? ( \_\_yes) ( \_\_no)**

\_\_\_\_\_ Street \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Family's Information / Please complete for those parents in the home**

**Father's Name:** \_\_\_\_\_  
Last Name First Name Mi

\_\_\_\_\_ Home phone \_\_\_\_\_ Message or cell phone \_\_\_\_\_

Father's Work Place: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last Name First Name Mi

\_\_\_\_\_ Home phone \_\_\_\_\_ Message or cell phone \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Family Type: please check**

- Two Parent Family
- Single Parent Family
- Foster Family
- Other Family Type \_\_\_\_\_

**Please total number in household**

Number of adults (18 or older) in the household \_\_\_\_\_  
Number of children (under 18) in the household \_\_\_\_\_

**Total Number of people in household:** \_\_\_\_\_

**Who is your current child care provider?** \_\_\_\_\_  
\_\_\_\_\_

**Please indicate all sources of income and gross monthly amount:**

Mother's Work: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_

Father's Work: \$ \_\_\_\_\_ Unemployment: \$ \_\_\_\_\_ WIC: \$ \_\_\_\_\_

Cal Works: \$ \_\_\_\_\_ Public Assistance (TANF): \$ \_\_\_\_\_

Public Housing: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

Foster Care/Adoption: \$ \_\_\_\_\_ Child Care Assist.: \$ \_\_\_\_\_

Medical-Medicare: \$ \_\_\_\_\_ Energy Assistance: \$ \_\_\_\_\_

Other/Subsidies (list): \$ \_\_\_\_\_

**Total monthly income (Gross):** \_\_\_\_\_

If parents are attending schooling, please indicate where and your current schedule:

\_\_\_\_\_  
Name of college / school                      course of study                      current schedule

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**Acknowledgments**

Please be advised the information in this document does not automatically qualify your child for enrollment in the Redding Rancheria Head Start & Child Care Program. **This Pre-Application Form is for evaluation purposes only.** When a vacancy occurs, you will be asked to provide documentation and complete the entire application packet to continue your enrollment process.

*I certify the information provided is accurate and truthful to the best of my knowledge. I understand enrollment is not based on a first come first served basis, but is based on the highest need. I understand that I will be required to provide further documentation prior to enrollment to confirm eligibility.*

\_\_\_\_\_  
Parent / Guardian Signature                      Date