

# Redding Rancheria Head Start and Child Care

## Pre-Application Form

rcvd: \_\_\_\_\_ Initial \_\_\_\_\_

1950 Redding Rancheria Road, Redding, CA 96001; (530) 225-8925 fax (530) 225-8930 (updated 4-2-14)

Child Name First	Last	DOB	Age as of 9/1
Child's Race/Ethnicity (mark only one) <input type="checkbox"/> American Indian/Tribe: _____ <input type="checkbox"/> White-non-Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____		Interested in: check all that apply: <input type="checkbox"/> Head Start <input type="checkbox"/> Child Care	
Has this child been diagnosed or suspected to have any special needs? <input type="checkbox"/> No <input type="checkbox"/> Yes-please identify: _____		Is this child receiving Child Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes	

If applying for more than one child:

Child Name First	Last	DOB	Age as of 9/1
Child's Race/Ethnicity (mark only one) <input type="checkbox"/> American Indian/Tribe: _____ <input type="checkbox"/> White-non-Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____		Interested in: check all that apply: <input type="checkbox"/> Head Start <input type="checkbox"/> Child Care	
Has this child been diagnosed or suspected to have any special needs? <input type="checkbox"/> No <input type="checkbox"/> Yes-please identify: _____		Is this child receiving Child Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes	

### Household Family Members – include ONLY those living in the household with child(ren)

	Name	Phone / cell phone	Work Place
Father			
Mother			
Home Address	Street	City	State      Zip
Family Type: <input type="checkbox"/> Two parent family <input type="checkbox"/> Single parent family <input type="checkbox"/> Foster Family <input type="checkbox"/> Other: _____			
Number of adults in household _____; Number of children in household _____; Total in household _____			
Are you homeless? ( __yes ) ( __no )    Living in temporary housing? ( __yes ) ( __no )			
Are you requesting school bus transportation? ( __yes ) ( __no )			
Does this child(ren) attend preschool now? <input type="checkbox"/> Yes <input type="checkbox"/> No    Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, where?			

### Household income: please note all sources of income and gross monthly amount:

Father	Work \$	Unemployment \$	Social Security \$
Mother	Work \$	Unemployment \$	Social Security \$
Household	Cal Works \$	Public Assistance \$	Food Stamps/Wic \$
Other income/subsidy:			<b>Total monthly income\$</b>

### Acknowledgment

Please be advised submission of 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.** Parent Statement: *"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."* **\*\*\*Please keep us informed of any changes in the above information (ex. phone or address). If we cannot contact you, your application will be dropped from the enrollment pool. Thank you!**

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

Date \_\_\_\_\_