



**NORTH CENTRAL ESD
EARLY EDUCATION HEAD START APPLICATION**



Child Information

(Legal) First Name	(Legal) Last Name	Nickname	Date of Birth

Gender Male Female	Does any child/parent or guardian have a disability or need assistive services? Yes No
-----------------------------------	------------------------------------------------------------------------------------------------

Parent/Guardian Information

Parent/Guardian Name	Gender	DOB	Relation to Child	Employment	Primary Language

Family Information

Living Address	ZIP	City	State	County

Mailing Address if Different

E-Mail Address:	Yes No
------------------------	-------------

Phone Number(s)	Check One	Best Time To Call
	Cell Home Work	
	Cell Home Work	

Emergency Contact Information	Phone Number	Relationship to Child
-------------------------------	--------------	-----------------------

Health Care Providers	Name & Address	Phone Number
-----------------------	----------------	--------------

Dental		
Medical		
Hospital		

Insurance Provider	Medical ID #

If the parents/ guardians, alternate contact, and health care provider, named above, cannot be reached at the time of an emergency, and it appears medical evaluation is necessary, is North Central ESD Early Education authorized to send the student (properly accompanied) to the local health care facility for evaluation? Yes No

If the attending Health Care Provider recommends emergency medical intervention and the parents/guardians or alternate contact are unable to provide approval, do you give permission for treatment? Yes No

In case of an emergency the following information may be shared with the Health Care Provider.
 Medical Problems: _____
 Allergies: _____
 Medications: _____



**NORTH CENTRAL ESD
EARLY EDUCATION HEAD START APPLICATION**



Family Income

To help us determine if your family is eligible for one of our programs, we need to know your gross income either for the past 12 months or as entered on last year's income tax returns. Federal guidelines require that all income be verified at the time of enrollment. To meet this regulation, a staff member will need a copy of written proof (income tax forms, W-2 form, pay stubs, pay envelope, written statement from employer, or documentation of unemployment, cash assistance, SSI, or cash support received).

Documentation received: Yes No **Type of Documentation:**

I give permission for my contact information to be shared with the North Central ESD Early Education District for purposes of additional preschool opportunities

I give permission for my contact information to be shared with Umatilla-Morrow Head Start Inc for purposes of additional preschool opportunities

Certification: I have read this application form and understand it. I certify that the above information is to the best of my knowledge, true and complete. I understand that the information in this application will be held in strict confidence within the agency.

Electronic Signature: I have agreed to submit this application by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Step 1. Check the box below

Step 2. Type in your name

Parent/Guardian First Name	Middle Initial	Last Name	Date

North Central ESD Early Education does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services, and activities, or in employment.

NCESD EE (Serving Gilliam, Sherman, & Wheeler Counties)

135 S Main St, PO BOX 591 Condon, OR 97823 (877)562-3739

Recruitment Date _____ Decline/Inactive _____