

# 2020-2021 Community Preschool Application

<b>Days Attending:</b> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th
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**Please mail completed application to:**  
 Prairie Five Head Start  
 PO Box 166 • 422 5<sup>th</sup> Avenue • Madison, MN 56256  
 Phone: 320-598-3118 • Fax: 844-273-2299

Applicant (child applying for services)					
First Name	Middle	Last Name	Birthday	Gender	
			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	
Hispanic/Latino	Race			Primary Language	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chuukese <input type="checkbox"/> Other	
Child's Custody Status					
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parent Appointed Guardianship <input type="checkbox"/> Foster Care <input type="checkbox"/> Court Ordered Guardianship/Department of Human Services <input type="checkbox"/> Other _____					
Parent/Guardian 1 (Primary) Lives with family? <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name	Middle	Last Name			
Birthday	Gender	Marital Status		Hispanic/Latino	
/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race			Highest Grade Completed		
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> No Education <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		
Current Employment Status			Relationship To Child		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled			<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____		
Parent/Guardian 2 (Secondary) Lives with family? <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name	Middle	Last Name			
Birthday	Gender	Marital Status		Hispanic/Latino	
/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race			Highest Grade Completed		
<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi/Bi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> No Education <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		
Current Employment Status			Relationship To Child		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired/Disabled			<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____		
ADDITIONAL Family & Household Members Living With Child (Do Not List Applicant, Parent 1 & Parent 2)					
First & Last Name	Birthday	Gender	Race	Hispanic	Relationship To Child
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Family Information**

<b>Living Address</b>	<b>Apt or Lot #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (If Different Than Living)</b>	<b>Apt or Lot #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Primary Adult** Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

e-mail address: \_\_\_\_\_ I give classroom staff permission to contact me via: Text message E-mail

**Secondary Adult** Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

e-mail address: \_\_\_\_\_ I give classroom staff permission to contact me via: Text message E-mail

**Health & Wellness**

<b>Child's Primary Medical Home Clinic Name</b>	<b>Clinic Phone Number</b>	<b>Child's Primary Dental Home Dental Office Name</b>	<b>Dental Office Phone Number</b>

**Any allergies to food or medications? \*\*If your child has a documented allergy, documentation from your child's medical provider is required**  
 If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are you concerned about celebrating any holidays or your child eating certain foods due to religious or ethnic beliefs?**

\_\_\_\_\_

\_\_\_\_\_

**In Case Of An Emergency List Two Local Contacts In The Area If Parents Are Not Available. Must List Two People Who Are Not Child's Parents (REQUIRED-CANNOT BE LEFT BLANK)**

	<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relation To Child</b>
<b>Contact #1</b>				
<b>Contact #2</b>				

**\*Contact #1 and #2 must also be allowed to pick up your child and be on the Child Safety form that will be completed with the classroom teacher.**

*To the best of my knowledge the information I have given is accurate and true.*

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Staff Signature) \_\_\_\_\_ (Date)

# Authorization

**Child's full legal name:** \_\_\_\_\_

*I give Prairie Five Head Start/Community Preschool permission to release and obtain information to/from the following:  
(Please initial the following)*

- \_\_\_\_\_ 1. School district; preschool screening that is mandated by the state of Minnesota
- \_\_\_\_\_ 2. School district; Special Education services (If applicable)
- \_\_\_\_\_ 3. Other (please list): \_\_\_\_\_

*I give my child permission to participate in the following:  
(Please initial the following)*

- \_\_\_\_\_ 1. Any incomplete preschool screenings such as hearing, vision, ESI-R/DIAL that is mandated by the state of Minnesota
- \_\_\_\_\_ 2. Be present in the classroom while a mental health professional is providing teacher support
- \_\_\_\_\_ 3. First aid and/or CPR by certified personnel if needed  
\*If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions
- \_\_\_\_\_ 4. Have 911 called in a life threatening situation such as air way, breathing, circulation, and/or altered level of consciousness complications  
\*If not initialed, Prairie Five Head Start Health Coordinator will contact you regarding alternative actions
- \_\_\_\_\_ 5. May have pictures and videos taken while participating in the program which may be used for documentation
- \_\_\_\_\_ 6. May have pictures published in local newspapers
- \_\_\_\_\_ 7. May have pictures published in classroom/program newsletters  
\*\*Pictures or videos may be produced by school districts, please notify school district to refuse permission to publish\*\*

*This permission is granted only for the child's current enrollment year in the Head Start program and will need to be signed yearly*

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

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Reviewed By (Office Staff)**

\_\_\_\_\_  
**Date**

