Fond du Lac
Head Start Programs

1720 Big Lake Road
Cloquet, MN
218-878-8100 or Fax-878-8115

2022-2023 Application

Legal Name of Child:		Who does this child live with > 50% ?
Sex: Male ☐ Female ☐	Child's Date of Birth:	Child's Age on 9/1/2022:
Child's Home Address:	E-mail address:	
City:	State: / Zip:	County:
Name of Primary Caregiver:	**Name of Secondary Caregiver**: Parent living in home	
Relationship to Child:	Relationship to Child:	
Phone Number:	Phone Number:	
Additional Phone:	Additional Phone:	

What Program(s) Are You Interested In For This Child?

Early Head Start (Ages 0-3)

☐	Early Head Start 7:45-3:15
☐	Home Based Program

Head Start (Ages 3-5)

☐	Head Start 7:45-3:15

Child **MUST be 3 by September 1st of 2022 to be eligible for Head Start (ages 3-5)**

What Is Your Child's Ethnicity? (check all that apply)

☐ Asian
☐ Black/African American
☐ Other:_____
☐ Native American/Alaskan Native
☐ Native Hawaiian
☐ White
☐ Bi-Racial/Multi-Racial

Is Your Child Hispanic/Latino ☐ Yes ☐ No

My Child Has Tribal Affiliation With: (list tribe)

Name of Person Enrolled:

Person Enrolled: ☐ Child ☐ Parent ☐ Grandparent

Birthdate of enrolled family member:

Verified on:_____ By:_____

OFFICE USE ONLY

My Child Is Currently Receiving: (check all that apply)

☐	Child Care Assistance	☐	Supplemental Security Income(SSI)	☐	WIC	☐	SNAP
☐	MFIP- Cash Assistance	☐	TANF	☐	Child Support		

Application MUST be returned to the Head Start Office with Income Verification. Please bring one of the following documents when you return the application:

• Pay Stub • Public Assistance ID Number • W-2 • Tax Forms

CONTINUED ON BACK

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Is this child currently receiving services for a disability? ☐ Yes ☐ No

☐ Medical ☐ Physical ☐ Emotional ☐ Educational Special Needs

☐ Other: _____

Do you have concerns about this child's development? ☐ Yes ☐ No

☐ Speech ☐ Learning ☐ Health ☐ Physical ☐ Emotional

☐ Psychological ☐ Behavioral ☐ Other: _____

How many people live in your household (including all adults and children)? _____

Live on the reservation ☐ Work on the reservation ☐

Is this child currently in Foster Care? ☐ Yes ☐ No If yes, what county? _____

Name of Social Worker? _____

My Household currently has NO INCOME: ☐ Yes **If yes, a No Income Form MUST be filled out**

My Household adult receives a Tribal Per-capita Payment: ☐ Yes ☐ No Amount: _____

Please check ALL that apply for your child. This information will only be used to assist us in determining enrollment priority along with income eligibility

☐	Transitioning Student from Early Head Start to Head Start
☐	Single Parent
☐	Teen Parent
☐	Parent/Guardian(s) in school
☐	Parent/Guardian(s) has at least a part time job
☐	Parent/Guardian(s) needs/wants high school diploma/GED
☐	No prenatal care
☐	Child with serious health issue
☐	Child has history of neglect
☐	Alcohol/drug abuse in child's family
☐	Domestic violence history in child's family
☐	Multiple families under one roof
☐	Family caring for elder in home
☐	Child has identified disability/special need/mental health issue
☐	Family history of diabetes
☐	Other family member has identified special need/behavior/mental health issue
☐	Child of Incarcerated Parent
☐	Head Start Programs Parent on staff

Caregiver filling out application: _____ Date: _____

Signature

Please print name: _____

Staff Use Only:	
Received by:	Date: