EARLY LEARNING SERVICES
HEAD START STATE PRESCHOOL

SANTA CLARA COUNTY OFFICE OF EDUCATION
Early Learning Services Department
1290 Ridder Park Drive, MC 225
San Jose, CA 95131-2304

www.myheadstart.org

Dear Parent/Guardian,

Thank you for your interest in the Head Start and State Preschool Programs. We provide full-day and part-day preschool services, free of charge or low cost, to eligible families who live in Santa Clara and San Benito Counties. We also offer home-based and center-based services for newborn children to 36 months. Please fill out the application completely and if you need help, you can call us at **(408) 453-6900 or (800) 820-8182**, Monday through Friday from 8:00 am to 5:00 pm.

Please note that as part of the enrollment process, you will have an interview with a staff member.

DOCUMENTS YOU WILL NEED (**Copies only; Originals will not be returned**)

- ☐ **Income Verification** – The documents need to show your income **for the past 12 months**. All parent or guardian income needs to be submitted. This includes, but not limited to:
  - **Pay Stubs for the past 12 Months,** or pay stubs in combination with:
    - **Latest Income Tax Return (1040) or W-2**
  - **Notice of Action** (if receiving CalWORKs)
  - **Child Support**
  - **Disability Income**
  - **Completed "Employer Income Verification"** (This is a form showing hours worked and pay rate - only if you do not have pay stubs)
- ☐ **Birth Certificate(s)** (for enrolling child and all siblings under 18)
- ☐ **Immunization Record**
- ☐ **Proof of Address** (Example: phone bill, water bill, etc.)
- ☐ **Current IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)** (if applicable)
- ☐ **Legal Documents/ Court Orders for Foster Child** (If Applicable)

SCHEDULE YOUR INTERVIEW

When you have gathered your documents and completed the application, **call our office and** an Early Learning Services Staff will help you schedule a date and time for an interview at a location near you. Please be sure to bring all the documents listed above and the completed application.

Please call 1 (408) 453-6900 or 1 (800) 820-8182 to schedule your appointment.

PLEASE NOTE:
If your child is accepted into the program, you will be **Required** to present **current TB Risk Assessment before the first day of school** and within 30 days of enrollment a current **Physical Exam** will be required. They may be submitted with the application if you have them.

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Santa Clara County Office of Education

CPID #_____

ELS PRESCHOOL SERVICES APPLICATION

I would like to apply for ☐ AM Session (3 ½ hrs.) ☐ PM Session (3 ½ hrs.) ☐ Full Day* (9 hrs.) ☐ Single Session (6 hrs.) ☐ Home-Based ☐ No Preference

*Note: Full day requires that both parents/guardians must be working full time more than 30 hours per week or in school full time taking 12+ units

Child (Applicant)

First Name	Last Name	Middle	Gender ☐ Male ☐ Female	Birth Date / /
Living Address		City/ Zip		Birth Country
Mailing Address (if different)		City/ Zip		

Is the child in foster care? ☐ Yes ☐ No

Ethnicity
☐ Hispanic/Latino
☐ Non-Hispanic /Non-Latino

Race
☐ Asian
☐ White (European, Middle Eastern, North African)
☐ Black/African American
☐ Pacific Islander/Hawaiian
☐ American Indian/Alaskan
☐ More than one race (Bi-racial/Multi-racial)
☐ Other _____

Family Information

Primary language spoken at home ☐ English ☐ Spanish ☐ Vietnamese ☐ Other _____

What language does your child use the most? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other _____

Does the child (applicant) have a sibling with a current IEP or IFSP? ☐ Yes ☐ No

Name of Person(s) Having Legal Custody of the Child

Parents/Guardians in the Home ☐ One Parent ☐ Two Parents

What language would you like to receive written information? ☐ English ☐ Spanish ☐ Vietnamese

Primary Parent/Guardian's Name

Birth Date / /

Relationship to Child

Lives with the Child ☐ Yes ☐ No

Marital Status
☐ Married ☐ Single
☐ Divorced ☐ Separated
☐ Widowed

Cell Phone Number
Opt in to received Text Message
☐ Yes ☐ No
( )

Employment Status
☐ Employed ☐ Seasonally Employed ☐ Retired
☐ Unemployed ☐ Seeking Employment ☐ Student
☐ Disabled ☐ Incapacitated From _____ to _____

Primary Parent/Guardian's Email Address

Alternate Phone Number
☐ Cell ☐ Home ☐ Work ☐ Other
( )

Education
☐ Less than High School ☐ Some College or AA/AS
☐ High School Grad or GED ☐ Bachelor's or Advanced Degree

Secondary Parent/Guardian's Name

Birth Date / /

Relationship to Child

Lives with the Child ☐ Yes ☐ No

Marital Status
☐ Married ☐ Single
☐ Divorced ☐ Separated
☐ Widowed

Cell Phone Number
Opt in to received Text Message
☐ Yes ☐ No
( )

Employment Status
☐ Employed ☐ Seasonally Employed ☐ Retired
☐ Unemployed ☐ Seeking Employment ☐ Student
☐ Disabled ☐ Incapacitated From _____ to _____

Secondary Parent/Guardian's Email Address

Alternate Phone Number
☐ Cell ☐ Home ☐ Work ☐ Other
( )

Education
☐ Less than High School ☐ Some College or AA/AS
☐ High School Grad or GED ☐ Bachelor's or Advanced Degree

List all other family members living in the household for whom you are responsible for the care and welfare - NOT LISTED ABOVE:

First Name	Last Name	Date of Birth	Is this person related to the child's parent(s)?	Is this person supported by the parent'(s) income?
		/ /	☐ Yes ☐ No	☐ Yes ☐ No
		/ /	☐ Yes ☐ No	☐ Yes ☐ No
		/ /	☐ Yes ☐ No	☐ Yes ☐ No
		/ /	☐ Yes ☐ No	☐ Yes ☐ No
		/ /	☐ Yes ☐ No	☐ Yes ☐ No

Total number of people living in the household (including you) for whom you provide financial support

Emergency Contact Information

Name	Phone	Relationship
	( )	

Family Residency

Family Living Situation (Check all that apply)

☐ Shelter
☐ Motel/Hotel
☐ Transitional Housing
☐ Single Room Occupancy (SRO)
☐ Car, Trailer, or Campsite
☐ Rented Garage
☐ Rented Trailer, Motor Home on Private Property
☐ With another adult (Not the parent/legal guardian)
☐ Another Family's House/Apartment
☐ None of the options apply
☐ Other (Not designed for human beings)

Eligibility

Primary Parent/Guardian

Primary Parent/Guardian's Name	Has Income ☐ Y ☐ N

Check all that apply

Do you receive:

☐ TANF/CalWORKs (no food stamps)
☐ SSI
☐ Child Support
☐ Other sources of income _____

Secondary Parent/Guardian

Secondary Parent/Guardian's Name	Has Income ☐ Y ☐ N

Check all that apply

Do you receive:

☐ TANF/CalWORKs (no food stamps)
☐ SSI
☐ Child Support
☐ Other sources of income_____

Employment Information

Employer Name	Employer Phone
	( )
Employer Name	Employer Phone
	( )

Pay Periods ☐ Weekly ☐ Every 2 Weeks ☐ Twice Per Month ☐ Monthly

Employment Information

Employer Name	Employer Phone
	( )
Employer Name	Employer Phone
	( )

Pay Periods ☐ Weekly ☐ Every 2 Weeks ☐ Twice Per Month ☐ Monthly

School/Training Information

Are you in School or Training? ☐ Yes ☐ No

School Name	School Phone
	( )

School Units _____

School/Training Information

Are you in School or Training? ☐ Yes ☐ No

School Name	School Phone
	( )

School Units _____

Health History Information

Medications

Has your child been diagnosed with a chronic health condition ☐ Yes ☐ No
Does your child take prescribed medications ☐ Yes ☐ No

Will your child need to have prescribed medication at school? ☐ Yes ☐ No

List all medicines, prescriptive that your child takes regularly and what kind, if any, side effects the child experiences

Your child will not be given medication at school without a physician's note and a Classroom Health Plan written with the parent and program staff.

Does your child have any known food allergies or food restrictions ☐ Yes ☐ No If yes please note_____

Special Devices

Does your child use any special device(s): ☐ Yes ☐ No
If yes, what kind:

Does your child use any special device(s) at home: ☐ Yes ☐ No
If yes, what kind:

Disabilities

Does your child have an Individualized Education Plan (IEP) with your local school district of residence or County Office of Education program? If yes, please attach copy of the most recent IEP. ☐ Yes ☐No

Does your child have an Individual Family Service Plan (IFSP) with an early intervention program, regional center, County Office of Education, or school district? If yes, please attach a copy of the most recent IFSP. ☐ Yes ☐No

Parent/Guardian Signature _____ Date _____

Early Learning Services Staff's Signature _____ Date _____

At intake, please have parent sign below ***(Required for Annual Review)***

Parent/Guardian Signature _____ Date _____

REVIEW ANNUALLY WITH PARENTS/GUARDIANS