

2021-2022 Community Preschool Application

Days Attending: <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 5th 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

Living Address	Apt or Lot #	City	State	Zip
Mailing Address (If Different Than Living)	Apt or Lot #	City	State	Zip

Primary Adult	Cell _____ - _____ - _____	Home _____ - _____ - _____	Work _____ - _____ - _____
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e-mail address: _____ I give classroom staff permission to contact me via: Text message E-mail

Secondary Adult	Cell _____ - _____ - _____	Home _____ - _____ - _____	Work _____ - _____ - _____
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e-mail address: _____ I give classroom staff permission to contact me via: Text message E-mail

Health & Wellness

Child's Primary Medical Home Clinic Name	Clinic Phone Number	Child's Primary Dental Home Dental Office Name	Dental Office Phone Number

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 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)

	Name	Address	Phone Number	Relation To Child
Contact #1				
Contact #2				

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. School district; Release family & sibling information for the census database
- _____ 4. 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

Use of:

- _____ a. Hand sanitizer
- _____ b. Soap & water before meals
- _____ c. Sunscreen
- _____ d. Unscented lotion
- _____ e. Insect repellent
- _____ 6. May have pictures and videos taken while participating in the program which may be used for documentation
- _____ 7. May have pictures published in local newspapers
- _____ 8. 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

