

**APPLICATION FOR HEAD START OR CHILDCARE**

**Child's Legal Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Place of Birth (City/State/Country):** \_\_\_\_\_

**Child's Residence Address: Street** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Child's Race (circle one):** American Indian/Alaskan Native White Asian Native Hawaiian/Pacific Islander Black/African American Bi-Racial/Multi-Racial

**Hispanic/Latino:** Yes\_\_ No\_\_

**Child's Primary Language:** \_\_\_\_\_

**Primary Language Spoken in Home:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Lives in same home as child?** Yes\_\_ No\_\_

**Legal Guardian?** Yes\_\_ No\_\_ **Explain:** \_\_\_\_\_

**Relationship to child?** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Full time /Part time /School /Unempl. /Retired/ Disabled**

**Email Address:** \_\_\_\_\_

**Parent's Race:** \_\_\_\_\_ **Hispanic/Latino:** Yes\_\_ No\_\_

**Active Military?** Yes\_\_ No\_\_ **Veteran?** Yes\_\_ No\_\_

**Highest grade completed?** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Lives in same home as child?** Yes\_\_ No\_\_

**Legal Guardian?** Yes\_\_ No\_\_ **Explain:** \_\_\_\_\_

**Relationship to child?** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Place of Employment:** \_\_\_\_\_

**Full time /Part time /School /Unempl. /Retired/ Disabled**

**Email Address:** \_\_\_\_\_

**Parent's Race:** \_\_\_\_\_ **Hispanic/Latino:** Yes\_\_ No\_\_

**Active Military?** Yes\_\_ No\_\_ **Veteran?** Yes\_\_ No\_\_

**Highest grade completed?** \_\_\_\_\_

**Names and Dates of Birth of all children in the home:** \_\_\_\_\_

**Family Status:** Single Parent\_\_ Two Parent Family\_\_ Foster/Kinship Family\_\_ Other: \_\_\_\_\_

**Number of all adults in the home:** \_\_\_\_\_ **Describe those who are not parents:** \_\_\_\_\_

**Describe living arrangements and/or shared custody for the child:** \_\_\_\_\_

If there is a court order or custody agreement, please provide a copy of the current court order.

**Is child in DHHS custody?** Yes\_\_ No\_\_ **Name and Phone of DHHS Guardian:** \_\_\_\_\_

A copy of the court order appointing the guardian and/or foster parents must be attached.

**Does child have any health, behavioral and/or developmental needs?** Yes\_\_ No\_\_ **If yes, please explain and list names of providers of care and services for your child:** \_\_\_\_\_

**Does child currently have an IEP with Child Development Services?** Yes\_\_ No\_\_

**Do you have (or can you arrange) transportation for your child to and from the center?** Yes\_\_ No\_\_

**Please list one person we may contact to help reach you:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**APPLICATION FOR HEAD START OR CHILDCARE**

**Step One:** Which centers/programs are you interested in? (check all that you are interested in):

Augusta – 4 mornings/week		Augusta – 6.5 hours, 4 days/week		Home Based with Family Discovery Days	
South China – 4 mornings/week		So. Gardiner – 6.5 hours, 4 days/week		Augusta – full time child care	
Gardiner – 4 mornings/week				Gardiner – full time child care	

Public Preschool Partnership (children must be 4 years old by Oct 15<sup>th</sup>):

Chelsea		Monmouth		Vassalboro		Windsor		Winthrop	
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**Step Two:** Income eligibility verification is required. You must attach a COPY of proof of all family income over the past 12 months OR between January and December for last year. Examples include: wage stubs, income tax form 1040 or 1040A, W-2 forms, documentation of child support, TANF, SSI or SSDI, unemployment, veterans benefits, worker's compensation and/or an employer statement. If your child is without a regular home or is in foster care, please provide documentation of that instead of income records.

Please check all types/sources of income that support your family:

Employment		Workers Comp		Social Security Benefits		Unemployment	
Child Support		TANF		Veteran's Benefits		Other:	

**Step Three:** If you are applying for **child care** you must indicate your funding source for child care services.

CCSP Subsidy		ASPIRE		TANF Transitional CC		Private Pay		Other:	
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**Step Four:** Families sometimes experience economic or social problems that can create stress or hardships. Is your family experiencing any of the following?

Without a Home		Disability		Substance Dependency		Grandparents/ Relative Raising Child	
Foster /Kinship Care		Teen Parent		Family Violence		Child Protective	

**Step Five:** Sign below and mail or fax your complete application with income, foster care or homelessness documentation to the address below. Please contact us if you would like help completing the application. A Parent/Guardian signature is REQUIRED.

Failure to submit documentation of eligibility and to sign above may prevent your child's placement on a waiting list and/or acceptance into the program. Please contact us if you would like help completing the application.

I attest to the accuracy of the information provided and understand that if I intentionally provide false information my child's application will be considered invalid.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
Print Full Name: \_\_\_\_\_

**Contact Southern Kennebec Child Development Corp. for more information:**

Call: 582-3110 ext. 34 or 1-800-525-2229 Fax: 582-3113  
Visit/Mail: 337 Maine Avenue, Farmingdale, ME 04344 Email: skcdc@skcdc.org