

**Kitsap Community Resources**  
1201 Park Avenue Bremerton, WA 98337  
(360) 473-2075 www.kcrearlylearning.org

**Olympic ESD #114**  
105 National Avenue N Bremerton, WA 98312  
(360) 478-6889 www.oesd.wednet.edu

Referred by: \_\_\_\_\_  
Name Agency  
Contact number: \_\_\_\_\_

**Early Head Start / Head Start / ECEAP  
2017-2018  
Child Application**

**APPLICANT INFORMATION (PARENT INFORMATION IF PRENATAL)**

Child's Legal Name \_\_\_\_\_ Date of Birth/ Due Date \_\_\_\_\_  
First Middle Last MM/DD/YYYY

Other Name(s) used: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Gender:  Male  Female Foster Child:  Yes  No Other Language(s) \_\_\_\_\_

Ethnicity: Hispanic/Latino  No  \*Yes \*If Yes Please Specify: \_\_\_\_\_

Race (check all that apply):  White  Black or African American

American Indian or Alaska Native\*  Asian\*  Native Hawaiian or Pacific Islander\* \*Please Specify: \_\_\_\_\_

Does your child have an  IFSP  IEP School District who issued IEP \_\_\_\_\_

**PRIMARY CAREGIVER INFORMATION**

Legal Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Phone \_\_\_\_\_  Call  Text (carrier: \_\_\_\_\_) Alt Phone \_\_\_\_\_  Call  Text

Home Address \_\_\_\_\_ Primary Language: \_\_\_\_\_  
city zip code

Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_  
(if different than above) city zip code

Relationship to applying child \_\_\_\_\_ Interpreter needed:  Yes  No

**SECONDARY CAREGIVER INFORMATION**

Legal Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Phone \_\_\_\_\_  Call  Text (carrier: \_\_\_\_\_) Alt Phone \_\_\_\_\_  Call  Text

Home Address \_\_\_\_\_ Primary Language: \_\_\_\_\_  
city zip code

Mailing Address \_\_\_\_\_ E-mail \_\_\_\_\_  
(if different than above) city zip code

Relationship to applying child \_\_\_\_\_ Interpreter needed:  Yes  No

**ENROLLMENT INFORMATION**

Child lives with:  Single Parent household  Two Parents in same household  Two Parents in two households

Number of adults living in household \_\_\_\_\_ Estimated household annual income \$ \_\_\_\_\_

Number of children living in household \_\_\_\_\_ Ages of children in household \_\_\_\_\_

Any member of the household pregnant  Yes  No Due Date \_\_\_\_\_

Currently Receive:  CPS Services  FAR Services **Currently Homeless:**  Yes  No

Concerns for/about your family: \_\_\_\_\_

**PLEASE COMPLETE THE BACK SIDE OF APPLICATION**

**Official Use Only:**  
Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_  
Child ID: \_\_\_\_\_

## RECRUITMENT INFORMATION

Do you currently or have previously had a child enrolled in Early Head Start, Head Start, or ECEAP?  Yes  No

If yes, where? \_\_\_\_\_

How did you hear about the program? (mark all that apply)

- Previously enrolled child/ family  family/friend  website  phone book  flyer/ mailing  school  
 WIC  DSHS  Child Protective Services  other agency  
 other (describe) \_\_\_\_\_

**For a complete list of documentation we will need to process your application please visit us at:**

<http://kcrearlylearning.org/apply>

[www.oesd.wednet.edu](http://www.oesd.wednet.edu)

Or call our offices at 360 473-2075/ 360 478-6889



## PROGRAM OPTIONS All programs are provided at No-Cost to eligible families

### 1) Prenatal to 3 years Options (Run Year Round)

- Prenatal Services:** A home visitor will support you and your developing baby by providing information and resources and transition the child into a different option listed below shortly after birth.
- Home Base:** A home visitor will support you and your child once weekly for 90 minutes. Twice monthly In-center socialization provides an opportunity for children and families to interact.
- Extended Care Option:** Qualified families attend up to 6-10 hours a day including wrap around services in a licensed center. Child-care subsidies or private-pay may be required for wrap-around care.  
Currently receive child care subsidies:  Yes  No

### 2) 3 years-5 Years Options

- Part-day/ Part year:** Services are provided for 3.5 hrs a day, 4 days a week. Classes are in session September through May.
- Part-day/ Full-year:** Services are provided for 3.5 hrs a day, 4 days a week. Services are provided year-round.
- Extended Care Option:** Qualified families attend up to 6-10 hours a day including wrap around services in a licensed center. Child-care subsidies or private-pay may be required for wrap-around care.  
Currently receive child care subsidies:  Yes  No

**Location Preferences:**  Port Orchard  W Bremerton  E Bremerton  Silverdale  Kingston  Poulsbo  Seabeck

- All documentation provided for the purpose of enrollment and the establishment of eligibility becomes property of Kitsap Community Resource/Olympic ESD 114 and will not be returned. Copies may be provided upon written request.
- All information on this form, and other Head Start/Early Head Start/ECEAP individual records, is confidential. Written parent permission is required to forward individual records to individuals or agencies outside of the KCR or Olympic ESD 114 Early Head Start/Head Start/ECEA Programs.
- These programs are available to eligible children without regard to race, color, disability, sex, gender, or national origin.
- Anyone who intentionally provides false information will have their application canceled and will need to re-apply.

## LEGAL GUARDIAN CONSENT:

Kitsap Community Resources/Olympic ESD 114 has my permission to access Washington State Registry in order to obtain the immunization records and Washington Connection in order to obtain eligibility information of the below listed child and parent for the sole purpose of determining eligibility and enrollment of the child.

Child's name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Kitsap Community Resources  
Early Learning and Family Services**  
FAX (360) 479-0068 [earlylearning@kcr.org](mailto:earlylearning@kcr.org)

**Olympic ESD #114  
Head Start/EHS/ECEAP Program**  
FAX (360) 405-5808 [earlylearning@oesd114.org](mailto:earlylearning@oesd114.org)