



Edmonds Community College
Head Start/Early Head Start/ECEAP
Prescreen Form

Program Selection (please complete one form for each person you would like to enroll)

Head Start or ECEAP (preschool age 3-5 yrs.) Early Head Start (home base age 0-3 yrs.) EHS-Pregnant Mom

Section A – Child Information (pregnant applicants - skip to Section B and complete the rest of the application)

Legal First Name:

Legal Last Name:

Address: _____
Street Apt. City Zip

Child's Birthdate / /

Male Female

Health Concerns:
(check all that apply)

This child speaks (select one only)

- Only English
 Mostly English, and some of another home language
 Some English, but mostly another home language
 English and another language at age level (bilingual)
 Only a home language other than English

Child's Race/Ethnicity:

- White
 Hispanic
 American Indian/Alaskan Native
 Black/African American
 Asian
 Other or Biracial

- Asthma
 Seizures
 Diabetes
 Medication
 Food Allergy
 EPI Pen
 Other (write below)

1st Language _____ 2nd _____

Does child have any of the following:

- school district IEP or IFSP open CPS case experiencing homelessness
 foster care placement returning to program from previous year

Section B - Family contact Information

Interpreter needed to communicate with English speaker? No Yes Language: _____

PARENT/GUARDIAN (lives w/child)

PARENT/GUARDIAN (lives w/child Yes No)

Name:

Name:

DOB: Gender: F M

DOB: Gender: F M

Relationship to child:

Relationship to child:

Mailing address:
(if different)

Mailing address:
(if different)

Email:

Email:

Primary phone:

Primary phone:

Cell OK to text: Y N Home Work Message

Cell OK to text: Y N Home Work Message

Secondary phone:

Secondary phone:

Cell OK to text: Y N Home Work Message

Cell OK to text: Y N Home Work Message

Parent/Guardian has legal custody Yes No

Parent/Guardian has legal custody Yes No

Receives child support from other household Yes No

Receives child support from other household Yes No

Section C – Household Please list all additional children and adults living in household who are supported by the enrolling parents/guardian.

Name	Date of Birth	Relationship to Child

Section D - Household Income

Total monthly income (before taxes) \$ _____ Number of people in your family _____
(supported by monthly income)

Sources of income: Wages/Salary Unemployment TANF-Foster Child Support
 Supplemental Security (SSI) Other (Please explain): _____

Section E - Research Based Risk Factors (used to determine selection criteria)

	Yes	No
Child was expelled from an early learning program due to behavior		
Child lives with someone other than a parent (kinship or other guardianship)		
Pregnant mom or child not currently homeless, but was in past 12 months		
Child on district IFSP or IEP		
Child has suspected developmental delay (per parent or staff)		
Child has parent who is incarcerated		
One parent family		
Household domestic violence		
No parent in house has high school diploma or GED		
Child has chronic health condition (diabetes, asthma, seizures, etc.)		
Family has no support from friends or relatives		
Household substance abuse		
Household mental illness, child or adult - including maternal depression		
Family has an open or past CPS case		
Child or parent has limited English language		
Parent is disabled		
Received a professional referral for this family		

Other special concerns about your child or family that you want us to know:

VERIFICATION: I verify that all family and income information I have put on this application is true and complete. I understand that false information on this form could change the status of my child’s enrollment. I give permission for this information and documentation to be shared with the local Head Start program for the purpose of enrolling my child.

I understand that my family’s application is not complete and cannot be processed without the following items. I have included: [] Proof of my family’s income for the last 12 months; [] Proof of my child’s date of birth (if applying for a child)

PARENT SIGNATURE _____ **DATE** _____

If you have any questions, call (425) 712-9000