

All the requested information is necessary. Please, complete the application form in its entirety.

Please, mark all that apply: Are you interested in:

A one-time Bright Beginnings Home Visit Regular Home Visits for your child Childcare Any Program

1. Do you need child care to work or for school? Yes / No

3. Can you provide transportation for your child to our child care centers in Edwards or El Jebel? Yes No

Is mother pregnant? Yes No If yes, when is the due date? _____

Is this your first child? Yes No If no, please, specify how many children you have _____

GUARDIAN'S INFORMATION:

1. Name: _____

2. Date of Birth: ____/____/____

3. Relation to child: _____

4. Are you a foster parent to this child: Yes No

5. Mailing Address: _____

6. Physical Address: _____

7. E-Mail: _____

8. Home Phone: _____

Cell Phone: _____

9. Type of employment: Full Time Part Time

Seasonal Unemployed

10. **Guardian's Income:** _____

10. Number supported by income: _____

11. Level of education completed: _____

12. Language spoken at home:

Primary: _____ Secondary: _____

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Primary _____ Secondary _____

CHILD INFORMATION: Name: _____

2. Child's Date of Birth: ____/____/____ 3. Child's Gender: Male _____ Female _____

4. Does your child have a current IFSP? Yes No (Specify disability _____)

5. Do you have concerns about your child's overall health and development? Yes No

Please, describe _____

6. Has the child ever been enrolled in or has a sibling been in EHS, NFP, Yampa Teen Program, and Nurse Visitor Program?

Yes No

7. Are there any special reasons or concerns for this application/referral? _____

HOUSEHOLD INFORMATION: (This is required information, please, fill out completely.)

1. Do you live in a shelter, motel, vehicle or move frequently between the homes of Friends or relatives? Yes No

2. How many times have you moved in the past 12 months? _____

3. Family receives: Medicaid WIC CCAP TANF Food Stamps SSI Other _____

How did you hear about our programs?

Flyer Another Early Head start Family Radio Other _____

All information is kept in strict confidence

I, _____, authorize the release of the above information in order to be contacted for possible participation in the programs offered by Eagle County Early Childhood services, SIGNATURE _____ DATE _____