



Prince George's County Public Schools  
Head Start Program  
8908 Riggs Road Room 103  
Adelphi, MD 20783  
(301) 408-7100  
[www1.pgcps.org/headstart](http://www1.pgcps.org/headstart)

Dear Parent or Guardian:

Thank you for your interest in the Head Start Program. We are pleased to provide you with an application for the Head Start Program.

In order for us to determine your eligibility, we need to receive the following information as soon as possible:

- **Application** – (Completed and signed)
- **Proof of child's age** (birth certificate):  
*The child must be between 3 and 4 years of age.*
- **Proof of current income of Parent(s)/Guardian(s) of child :**  
*Submit 4 current pay stubs; 2015 signed 1040 tax form (1<sup>st</sup> two pages); verification of cash assistance from Department of Social Service; verification of Social Security Income; unemployment verification; or verification of your wages signed by your employer.*

***If your child has a disability:***

*Submit the child's current IEP (Individualized Education Plan) or recent information regarding special needs.*

**These documents must be submitted to us before your application can be evaluated. Please submit COPIES only.**

**Send Application To:**

Prince George's County Public Schools  
Head Start Program  
8908 Riggs Road, Room 103  
Adelphi, MD 20783

We look forward to receiving your Head Start application.  
If you have any questions, please call our main office at (301) 408-7100.

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**Prince George's County Public Schools  
Head Start Program**

Child's Information		
<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Date of Birth</b>	<b>Gender</b>	Is the child Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race (check all that apply):</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		
<b>Is English, the primary language of the child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<b>Is another language spoken by child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the language: _____ <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Does the child have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Name: _____		<b>If yes, what type of health Insurance?</b> Please circle: MCHIP Medicare Private Insurance Number: _____
<b>Does the child have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does your child have any of the following: IEP IFSP		

Family Information				
<b>Living Address</b>	<b>Apartment #</b>	<b>City</b>	<b>State MD</b>	<b>Zip Code</b>
<b>Mailing Address (if different)</b>	<b>Apartment#</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary</b>	<b>Phone Type (HOME, CELL, WORK)</b>	<b>Phone Number</b>		
<input type="checkbox"/>				
<input type="checkbox"/>				

Household Information			
<b>Total number of family members:</b>		<b>Total number of children:</b>	
<b>Parental Status:</b> <input type="checkbox"/> One Parent in the home <input type="checkbox"/> Both Parents are in the home	<b>Are you Homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you active military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Were you referred by Child Welfare Agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you receive Food Stamps?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you receive W.I.C?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you receive Cash Assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you receive Social Security Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Center	
<b>Do you have a preference in school site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school site? _____	<b>If no bus transportation is available, are you willing to transport out of the area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Note: The preferred school site is not a guarantee.</i>

OFFICE USE ONLY:	
Date Application Rec'd: _____	Complete / Incomplete
Collaborating Agency: _____	Application # _____ Ranking Total : _____

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Parent or Legal Guardian		
Last	First	Is the primary adult Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Gender	Race ( <i>check all that apply</i> ): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
Is English, the primary language of the primary adult? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Is another language spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the language: _____ <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Relationship to the child:	Lives with the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides financial support to the family? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adult's highest education completed:		Employment Status:

Secondary Parent or Legal Guardian		
Last	First	Is the primary adult Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Gender	Race ( <i>check all that apply</i> ): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-Racial/Bi-Racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
Is English, the primary language of the primary adult? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Is another language spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the language: _____ <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Relationship to the child:	Lives with the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides financial support to the family? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adult's highest education completed:		Employment Status:

Other Family Members Supported by Primary Adult					
Adult/Child	Last Name	First Name	Date of Birth	Gender F / M	Relationship to parent

**Certification:**

*I certify that this information is true. If any part is false, my participation in this program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the program.*

*I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in un-enrolling my child from Head Start and could have serious legal consequences for me."*

***I understand that this application does not guarantee enrollment in Head Start.***

**NOTE:** If you are not the parent/legal guardian, please contact Pupil Accounting, (301) 952-6300.

**I have enclosed the following required documents (copies):**

- \_\_\_\_\_ Birth Certificate for my child
- \_\_\_\_\_ Proof of Income for Primary Parent/Legal Guardian of child
- \_\_\_\_\_ Proof of Income for Secondary Parent/Legal Guardian of child

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_