



✦ 1100 E. Marina Way, Suite 215, Hood River, OR 97031 ✦ (541) 386-2010 ✦ Fax (541) 386-4597 ✦ mcccheadstart.org

HEAD START ✦ EARLY HEAD START ✦ OPK ✦ OPKPT ✦ ECEAP ✦ PRESCHOOL PROMISE

This application does not ensure enrollment. Required documentation and in-person interview are necessary for eligibility verification. You will be notified regarding the status of your application as soon as possible.

Select the type of program(s) you are applying for:

School Day: 6 weeks to 5 years old ✦ **Home-Based:** Prenatal to 3 years old

Please fill out the following section completely to facilitate selection decisions and our ability to contact you. Please notify us if your contact information changes after you send in your application

Child/Applicant Name: _____
First Middle Last

Birth Date: _____ **Age:** _____ **Male** **Female** **X** **Due Date:** _____
(If applicant is pregnant)

Living Address: _____
Street City State Zip

Mailing Address: _____
(If different) Street City State Zip

Applicant's Primary Language: English Spanish Other: _____

Is the applicant of Latino or Hispanic origin? Yes No

Applicant's Ethnic Background: American Indian or Alaskan Native Asian Black or African American White
 multi-Racial Native Hawaiian or Other Pacific Islander Unknown Other: _____

Does the applicant have allergies or dietary restriction? Yes No **If yes, what:** _____

Does the applicant have a documented disability or health condition? Yes No

Does the applicant have an IEP or IFSP through Early Intervention? Yes No

Please specify applicants' health needs or organization child receives IEP/IFPS services?

1st Parent/Guardian Name: _____
First Middle Last

Primary Phone Number: _____ **Parent's date of Birth:** _____ **Male** **Female** **X**

Parent's Primary Language: English Spanish Other: _____

Relationship to Child: Parent Legal Guardian Foster Parent Grandparent Other Relative

Employment Status: Employed PT/FT Student Unemployed Business Owner Other

Employer's Name and Number: _____

Correspondence Preferred by: Postal Mail Email: _____

2nd Parent/Guardian Name: _____
First Middle Last

Parent's Phone Number: _____ Parent's date of Birth: _____ Male Female X

Parent's Primary Language: English Spanish Other: _____

Relationship to Child: Parent Legal Guardian Foster Parent Grandparent Other Relative

Employment Status: Employed PT/FT Student Unemployed Business Owner Other

Employer's Name and Number: _____

Correspondence Preferred by: Postal Mail Email: _____

Living Address (if Different than Child): _____
Street City State Zip

Please list all other people living in your household supported by your income related to the applicant by blood, marriage, or adoption.

Name	Relationship to child	Date of Birth

Applications are considered **incomplete** without the **signature** of parent or legal guardian and **verifying documents**.

Proof of ID will be required at the time of parent interview/registration.

Mid-Columbia Children's Council Inc., Recruitment: *how did you find out about us?*

MCCC Employee Media Announcement MCCC banner Flyer/Brochure Head Start Parent Referred by: _____

Parent/Guardian Signature: _____ Date: _____

Application received by: _____ Date: _____

Mid-Columbia Children's Council is an equal opportunity provider

