

HOUSEHOLD INFORMATION

Family Type:

- | | | |
|--|-------------------------------------|------------------------------------|
| <input type="radio"/> Single Parent/Male | <input type="radio"/> Foster Parent | <input type="radio"/> Dual Custody |
| <input type="radio"/> Single Parent/Female | <input type="radio"/> Grandparent | |
| <input type="radio"/> Two Parent | <input type="radio"/> Other: | |

Please list any other individuals living in your household (not previously listed):

Name	D.O.B.	Relationship to child

Child's Race: African American Asian Native American White Other

Is Child: Hispanic or Latino? Yes No

Highest Education Level achieved by all Household Members:

- | | | |
|---|---|--------------------------------------|
| 0-8 <input type="radio"/> | 9-12(non-grad) <input type="radio"/> | HS Grad or GED <input type="radio"/> |
| 12+(some college) <input type="radio"/> | 2or 4 yr college grad <input type="radio"/> | Masters <input type="radio"/> |

FINANCIAL INFORMATION

Source of Income:

- Employment (\$ _____ **please circle one:** weekly, monthly, yearly)
- SSI (Supplemental Security Income)
- TANF
- Other: _____

Directions to home: _____

 Parent/Guardian's Signature

 Date

Referred by: _____

* Please mail or bring this completed application form to: **CAPCO Head Start/Early Head Start**
32 North Main Street
Cortland, NY 13045
OR CALL (607) 753-6781

- Application Updated for Re-Enrollment**