



## Teaching children and supporting families in York County

### YCCAC HEAD START/EARLY HEAD START PRELIMINARY SIGN-UP FORM

An application appointment and eligibility documents are required to be placed on the waiting list

DATE: \_\_\_/\_\_\_/\_\_\_

CHILD'S NAME First: \_\_\_\_\_ Middle Initial: \_\_\_ Last \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Female or \_\_\_ Male

IS CHILD IN DHHS STATE CUSTODY (i.e. foster care): \_\_\_ YES or \_\_\_ NO

DHHS SOCIAL WORKER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DOES CHILD HAVE A SUSPECTED OR DOCUMENTED DISABILITY? \_\_\_ YES or \_\_\_ NO

PLEASE SPECIFY: \_\_\_\_\_

PRIMARY PARENT/GUARDIAN'S NAME First: \_\_\_\_\_ Middle Initial: \_\_\_ Last \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Female or \_\_\_ Male Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Would you like to provide another phone number to be used as a message number? \_\_\_\_\_

SECONDARY PARENT/GUARDIAN'S NAME First: \_\_\_\_\_ Middle Initial: \_\_\_ Last: \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Female or \_\_\_ Male Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

FAMILY HOME ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOW MANY ADULTS ARE IN YOUR FAMILY? \_\_\_\_\_ HOW MANY CHILDREN ARE IN YOUR FAMILY? \_\_\_\_\_

WHAT IS YOUR FAMILY'S APPROXIMATE YEARLY INCOME? \$ \_\_\_\_\_

DOES ANYONE IN YOUR FAMILY RECEIVE (CHECK ALL THAT APPLY): \_\_\_ TANF \_\_\_ SSI \_\_\_ WIC \_\_\_ SNAP

IS YOUR FAMILY LIVING IN A HOMELESS SHELTER? \_\_\_ YES or \_\_\_ NO OR A DOMESTIC VIOLENCE SHELTER? \_\_\_ YES or \_\_\_ NO

TELL US HOW YOU FOUND OUT ABOUT OUR PROGRAMS? \_\_\_\_\_

Is English your primary language? \_\_\_ YES or \_\_\_ NO

If no, would you need a translator? \_\_\_ YES or \_\_\_ NO If, yes, what language? \_\_\_\_\_

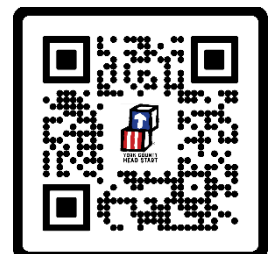
Please return by mail to: YCCAC Head Start, P.O. Box 72, Sanford, ME 04073

Need more information? Please call 207-324-5762 Ext 2965 or 1-800-965-5762

Or email: info@yccac.org

WD ERSEA/ Pre-Sign Up 2021/revised 05/14/2024

To Apply Online Scan This Code



Office Use Only  
Cp \_\_\_\_\_