



**Cheyenne & Arapaho Tribes  
Head Start Program  
Head Start Application**

Center applying for?

**Concho**

Concho – El Reno – Calumet  
Geary - Okarche - Kingfisher

**Canton**

Canton - Watonga  
Longdale - Seiling

**Clinton**

Clinton - Arapaho  
Weatherford

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ SSN \_\_\_\_\_

Enrolled member:  Child  Parent  Grandparent Sex:  Male  Female

Tribal Enrollment (if applicable) \_\_\_\_\_

If not Native American, what is the race of the child?

Caucasian

African American

Hispanic

Other \_\_\_\_\_  
Please Specify

Parent/Guardian \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Birthday \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_

Finding Address \_\_\_\_\_

Total Number of Family Members \_\_\_\_\_ Language Spoken in the Home \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Check All That Apply:  Parent/Guardian in School       Two Parent Family       Single Parent  
 Step Parent       Foster Parent       Teen Parent       Other

Does the family receive either of the following?

Temporary Assistance for Needy families (TANF)       Social Security Income (SSI)

Does the child have any of the following?

Health Insurance      Policy Number \_\_\_\_\_

Medicaid/Sooner Care      Policy Number \_\_\_\_\_

Dental Insurance      Policy Number \_\_\_\_\_

Does your child have a Disability?       Yes       No      (If yes, please attach documentation)

**Attach copies of the following documents:**

**(We can not process this application without the following information)**

Income Verification:

Paycheck Stub       W-2       Tax Return       Letter from Employer       Other

Birth Certificate

Current Immunization Record

Social Security Card

Medicaid or Health Card

CDIB (if applicable)

Court Documents (if applicable)

IEP/Disabilities Documents (if applicable)

**I affirm that the above information is true and correct to the best of my knowledge, if changes occur, I will notify the Head Start Program.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date