



Family and Early Childhood Education Program/Head Start/Early Head Start Application

Mailing and Drop-Off Location:
 Office of Early Childhood and Grant Management 7423 Camp Alger Avenue
 Falls Church, Virginia 22042

Section 1: Child Applicant Information					
Applying for: Head Start		Early Head Start			
Last Name:			First Name:		
Middle Name:			Date of Birth:		
Select Gender: Male		Female		Home Language:	
Race (Check all that apply):					
Asian	Black	White	Native American	Pacific Islander	Other
Select Ethnicity:					
Yes Hispanic or Latino			No Non-Hispanic or Non-Latino		
Does the child applicant receive Medicaid? Yes				No	
Medicaid Number:					
Adult 1 Section: Parent or Legal Guardian Information					
Last Name:			First Name:		
Middle Name:			Date of Birth:		
Select Gender: Male		Female		Relationship to Child Applicant:	
Street Address:				Apartment Number:	
City:		State: Virginia		Zip Code:	
E-mail:					
Home Phone:		Work Phone:		Cell Phone:	
Select one: One Parent Home		Two Parent Home		Foster Care	Other
Select Highest Level of Education, select one:					
Below 9 th Grade		High School/GED		Some College	
Postgraduate Degree			Other		
If other education, please specify					

Race (Check all that apply):					
Asian	Black	White	Native American	Pacific Islander	Other
Select Ethnicity:					
Yes Hispanic or Latino			No Non-Hispanic or Non-Latino		
Select Employment Status:					
Full-time		Part-time	Unemployed		Seasonal/Other
Specify occupation/profession					
Reside with child applicant? Yes			No		
If no, is support provided? Yes			No		
Adult 2 Section: Legal Spouse/Other Parent or Other Legal Guardian					
Last Name:			First Name:		
Middle Name:			Date of Birth:		
Select Gender: Male		Female	Relationship to Child Applicant:		
Street Address:				Apartment Number:	
City:		State: Virginia		Zip Code:	
E-mail:					
Home Phone:		Work Phone:		Cell Phone:	
Select one: One Parent Home		Two Parent Home		Foster Care	Other
Select Highest Level of Education, select one:					
Below 9 th Grade		High School/GED		Some College	
Postgraduate Degree			Other		
If other education, please specify					
Race (Check all that apply):					
Asian	Black	White	Native American	Pacific Islander	Other
Select Ethnicity:					
Yes Hispanic or Latino			No Non-Hispanic or Non-Latino		
Select Employment Status:					
Full-time		Part-time	Unemployed		Seasonal/Other
Specify occupation/profession					
Reside with child applicant? Yes			No		
If no, is support provided? Yes			No		

Section 4: Family Resources and Situations

Resources your family receives (check all that apply):

SNAP SSI TANF/View Wic

Is your family currently homeless? Yes No

Has your child ever received a service from FCPS before? Yes No

If yes, specify:

Are you able to provide transportation (this does not affect eligibility?) Yes No

Section 5: Parent or Legal Guardian Child Dependents.

List all child dependents living in the home, such as brothers and/or sisters.

If additional space is needed you may attach another sheet.

Last Name	First Name	Gender: Male or Female		Age	Date of Birth	Does this child currently live with you?	
		M	F			Yes	No
		M	F			Yes	No
		M	F			Yes	No
		M	F			Yes	No
		M	F			Yes	No
		M	F			Yes	No

Section 6: Emergency Contacts

List contacts who can reach you if we are not able contact you at the phone numbers

Last Name	First Name	Relationship to child applicant	Home Phone	Cell Phone

Section 7: How did you hear about the program?

Check all that apply:

Family/friend

School

Social service agency (DFS)

FCPS Website

Child Find office

Older child was in program

Flyer/poster

FCPS Student Registration

Other (please specify)

Section 8: Statement of Certification

I understand that as an applicant for this program, I must provide information on my income. I understand that program staff reserves the right to review this information and to make eligibility determinations for this program. I certify that the information provided by this application is true and accurate to the best of my knowledge. I understand that if I knowingly provide false/conflicting information, my child will be found ineligible for the FECEP/Head Start/Early Head Start program.

Parent/Legal Guardian Signature:

Date:

Parent/Legal Guardian Print Name: