



Fairfax County Public Schools

Office of Pre-K12  
Curriculum and Instruction

Early Head Start and FECEP/Head Start Applicant Form

Mail your child's completed application along with copies of documents to:  
**FECEP/Head Start**  
2334 Gallows Road  
Dunn Loring, VA 22027

**Child Applicant**

<b>Print Name:</b> Last:			First:			Middle:		
Month / Day / Year								
Date of Birth: / /						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Country of birth:						Home language(s):		
<b>Race:</b> (please check one) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other								
<b>Ethnicity:</b> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino								
Medicaid eligibility (Please check one): Does the child applicant receive Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes—Medicaid number: # _____								
Other Health coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)								
Has your child ever received a service from FCPS before? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify):								

**Adult 1** *This application is to be completed and signed by the adult who has legal custody of the child applicant.*

<b>Print Name:</b> Last:			First:			Middle:		
Month / Day / Year								
Date of Birth: / /						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship to child:								
Street address:								Apt. #:
City:			State:		Zip Code:		E-mail:	
Home:			Work:			Cell:		
Telephone: (Circle best number where you can be reached.)								
Please check one:		<input type="checkbox"/> One-Parent Home		<input type="checkbox"/> Two-Parent Home		<input type="checkbox"/> Foster Parent		<input type="checkbox"/> Other
Last grade completed:		<input type="checkbox"/> Below 9 <sup>th</sup> grade		<input type="checkbox"/> High School/GED		<input type="checkbox"/> College		<input type="checkbox"/> Master's degree/post-graduate
		<input type="checkbox"/> Never attended school		<input type="checkbox"/> Some college		<input type="checkbox"/> Other (please specify):		
Country of birth:						Race:		
Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed/Other Occupation:								
Lives with child applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do you provide Support? <input type="checkbox"/> Yes <input type="checkbox"/> No								

**Adult 2** *Complete the following information for the other parent or adult acting in the role of parent.*

<b>Print Name:</b> Last:			First:			Middle:		
Month / Day / Year								
Date of Birth: / /						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship to child:								
Street address:								Apt. #:
City:			State:		Zip Code:		E-Mail:	
Home:			Work:			Cell:		
Telephone: (Circle best number where you can be reached.)								
Last grade completed:		<input type="checkbox"/> Below 9 <sup>th</sup> grade		<input type="checkbox"/> High School/GED		<input type="checkbox"/> College		<input type="checkbox"/> Master's degree/post-graduate
		<input type="checkbox"/> Never attended school		<input type="checkbox"/> Some college		<input type="checkbox"/> Other (please specify):		
Country of birth:						Race:		
Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed/other Occupation:								
Lives with child applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do you provide support? <input type="checkbox"/> Yes <input type="checkbox"/> No								

*Please print the names of the brothers and sisters of the child applicant.  
If additional space is needed, you may attach another sheet.*

Last Name	First Name	Gender Male/Female	Age	Date of Birth Month / Day / Year	This child currently lives with you?
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check all programs/services that your family currently participates in/receives: <b>SNAP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SSI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>TANF /VIEW?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>WIC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your family currently <b>HOMELESS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

<b>Emergency Contacts:</b> Other people who can reach you immediately		
<b>Last Name:</b>	<b>First Name:</b>	
<b>Phone numbers:</b> (home) _____	(cell) _____	<b>Relationship to child:</b> _____
<b>Last Name:</b>	<b>First Name:</b>	
<b>Phone numbers:</b> (home) _____	(cell) _____	<b>Relationship to child:</b> _____

- How did you hear about the program?
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Family/friend                 | <input type="checkbox"/> School                    | <input type="checkbox"/> Social service agency (DFS) |
| <input type="checkbox"/> FCPS website                  | <input type="checkbox"/> Child Find office         | <input type="checkbox"/> Older child was in program  |
| <input type="checkbox"/> Flyer/poster                  | <input type="checkbox"/> FCPS Student Registration |  |
| <input type="checkbox"/> Other (please specify): _____ |  |  |

<b>STATEMENT OF CERTIFICATION</b>	
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. <u>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.</u>	
Parent/Guardian Signature: _____	Date: _____
Print Name: _____	