



STEPS Head Start & Childcare
Moving Lives Forward
www.stepsheadstart.com

Application for Enrollment

Child Care Site Applying for (County Name): _____

Which program are you looking for: ☐ Private Pay Childcare ☐ Subsidized Childcare ☐ Mixed Delivery (Infant/Toddler)
☐ Head Start (Early Head Start) ☐ Whichever Program I qualify for

What best describes your child's age group: ☐ Head Start/Preschool (3-5 year old) ☐ Toddler Care (16 -36 months)
☐ Infants (Birth – 15 months old)

Which option works best for you: ☐ 10-month program (follows school division schedule) ☐ 12-month year round program

Applicant & Family Member Information

Applicant (Child) – All boxes must be checked off and filled.

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Diagnosed/ Suspected Disability or Developmental Delay?			Disability Evaluation Date:		Who Conducted the Evaluation?	
<input type="checkbox"/> Yes, Describe: <input type="checkbox"/> No						
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient		<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	
Primary Health Coverage	Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Child's Doctor	
			<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			
Dental Coverage	Dental Coverage #	Doctor/Medical Home			Dentist/Dental Home	

The following questions are intended to help determine the eligibility of the child for STEPS programs. This will allow us to determine the best fit for you and your child.

Any chronic (long term) Health Problems of Applicant ☐ No ☐ Yes If yes, what _____

Child lives with ☐ Mother ☐ Father ☐ Other (Specify) _____

Are there abuse issues in the home ☐ No ☐ Yes (check all that apply ☐ child or spousal ☐ drug or alcohol)

Does the child have an incarcerated parent ☐ No ☐ Yes (check all that apply ☐ one parent ☐ both parents)

Has the child previously been enrolled in Head Start or Early Head Start ☐ No ☐ Yes

The child has a sibling already in Head Start/Early Head Start ☐ No ☐ Yes Name of Sibling _____

Has there been a death in household within the last 6 months ☐ No ☐ Yes

Did you receive a referral to STEPS by a professional or agency ☐ No ☐ Yes (MD, LEA, WIC, Shelter, DSS, etc.) If yes, who referred you? _____

TRANSPORTATION: Transportation services are based on family needs, circumstances, and availability of services. Transportation services are not guaranteed with enrollment into the program.

****Transportation is NOT provided for infants, toddlers, or private pay students****

1. Distance from center: ☐ 0 - .5 miles ☐ 3/4 - 1.5 miles ☐ 1.5 - 3 miles ☐ 3.5 - 5 miles ☐ More than 5.5 miles

2. Is there someone available to bring your child to school and pick them up from school? ☐ No ☐ Yes

HOUSING: Please answer the following questions regarding the applicants' current living situation. The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

<input type="checkbox"/> Moving from place to place/couch surfing. We have places to stay with friends and family, but we move around a lot. <input type="checkbox"/> In a motel/hotel or similar <input type="checkbox"/> A car, park, campsite, or similar location <input type="checkbox"/> Transitional Housing <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) <input type="checkbox"/> Other: Please provide details	<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> In someone else's house or apartment with another family. Examples: the family lives at a parent, aunt, uncle, or friend's house. <input type="checkbox"/> Child lives with family or friends who are not the custodial parent or guardian. <input type="checkbox"/> Child often sleeps or stays in public places or places that are not ordinarily used as a regular sleeping location. <input type="checkbox"/> We own our home. <input type="checkbox"/> We rent a home.
Parent/Guardian: 1. Do you have a key to the home you live in with the child? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Do you have access to a kitchen where you stay? Can you cook in the house and store food there? <input type="checkbox"/> No <input type="checkbox"/> Yes	

** If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.*

Primary Adult- Should be the custodial parent/guardian. All boxes must be checked off and/or filled.									
First	Middle	Last	Suffix	Nickname	Birthdate	Gender			
Diagnosed/ Suspected Disability or Developmental Delay?			Disability Evaluation Date:		Who Conducted the Evaluation?				
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Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency			
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Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:			
<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad	<input type="checkbox"/> College Certificate - Training <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Train <input type="checkbox"/> Part Time & Train <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> No <input type="checkbox"/> Yes - If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address: _____ Address: _____									

Secondary Adult- Should be the custodial parent/guardian. All boxes must be checked off and/or filled.

First	Middle	Last	Suffix	Nickname	Birthdate	Gender
Diagnosed/ Suspected Disability or Developmental Delay?			Disability Evaluation Date:		Who Conducted the Evaluation?	
<input type="checkbox"/> Yes, Describe: <input type="checkbox"/> No						
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Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> < Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad	<input type="checkbox"/> College Certificate - Training <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Train <input type="checkbox"/> Part Time & Train <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological Adopted Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> No <input type="checkbox"/> Yes - If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address: _____ Address: _____						

Additional Child (Non-Applicant) *-List all siblings of the applicant, including other children applying

First	Middle	Last	Suffix	Nickname	Birthday	Gender	Has Disability
						<input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	English Proficiency	Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	

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Race		Hispanic	English Proficiency	Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	

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Family Information, Income & Contacts**Family Information****Family Living Address**

Date You Started Living Here?	Living Street Address	ZIP	City	State	County

Family Mailing Address

Same as living?	Starte Using Date	Mailing Address	Zip	City	State

Phone Number(s)	Type (<i>check one</i>)	Note (Mom, Dad, ext., best time to call)	Opt. in for Text Messages
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parental Status (<i>check one</i>)	Active Duty Military	What is the primary language of the family spoken in the home?	What language does the applicant (child) speak in the home?	Preferred Language of Written Material
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Family Income

TANF Status	SSI	Homel ess Family	Receiving SNAP	WIC	Referred by Child Welfare Agency
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contacts- A minimum of two (2) are required by Licensing.**Please do not list the primary or secondary adult in the home, they are always the 1st contact.**

Contact 1	Name		Relationship		Emergency Contact	Release To
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		ZIP	City		State
	Phone Number 1		Phone Number 2		Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Contact 2	Name			Relationship		Emergency Contact		Release To		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address				ZIP		City		State	
	Phone Number 1				Phone Number 2				Phone Number 3	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

Contact 3	Name			Relationship		Emergency Contact		Release To		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Address				ZIP		City		State	
	Phone Number 1				Phone Number 2				Phone Number 3	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

STEPS makes every effort to find a placement for each child. We offer a variety of diverse programs, and we work closely with community partners to coordinate enrollment.

For applicants seeking Head Start or Mixed Delivery preschool services do you authorize STEPS Head Start to share your information with the local VPI Coordinator in your county of residency to assist with community wide preschool recruitment and placement. ☐ No ☐ Yes

Is STEPS your first choice for a preschool program ☐ Yes ☐ No, if No please provide details:

STEPS childcare programs are state licensed through the Virginia Department of Education and adhere to the requirements of the Unified Virginia Quality Birth to Five System. All programs use a research based curriculum and assessment tool to prepare children and families for school readiness.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Office Use Only:

Received By: _____ Date Received: _____