



Child Applicant Information

Child's Legal Name: Last _____ First _____ Middle _____

Child's Sex: Male/Female (Circle one) Child's Date of Birth: _____

Child's Ethnicity: Hispanic? Yes/No (circle one) Race: AI/AN Asian Black White Pacific Islander (circle one)

Child's Primary Health Provider: _____

Child's Primary Dental Provider: _____

Additional Applicant

Child's Legal Name: Last _____ First _____ Middle _____

Child's Sex: Male/Female (Circle one) Child's Date of Birth: _____

Child's Ethnicity: Hispanic? Yes/No (circle one) Race: AI/AN Asian Black White Pacific Islander (circle one)

Adult Information

Name	Relationship	D.O.B	Gender/Race	Hispanic
				Y or N
				Y or N

Circle one: Single Parent/Two Parent Family Foster Grandparents Other

Employment

Proof of income will need to be provided for all parents/guardians living in the same household.

Are parents/guardians employed? Yes/No (circle one)

If yes, who? _____ Full-time/Part-time (circle one)

Additional _____ Full-time/Part-time (circle one)

Annual Income

Family Information

Home address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

Phone #

Name:	Home	Cell	Work

Primary Language: _____

Insurance provider: _____

Circle any or all that apply: Active Military/Referred

Circle any or all that apply: TANF/SSI

Zaasijiwan Head Start

Phone: 715-588-4455

Fax: 715-588-9576

Email: amanda.snow@ldftribe.com



**OFFICE
USE ONLY**



Date Received: _____ **Staff** **Application**
Initials: _____ **#** _____ **Site:** _____

This application does not ensure enrollment. You will be notified regarding the status of your application as soon as possible.



Additional Child

Child's Legal Name: Last _____ First _____ Middle _____

Child's Sex: Male/Female **(Circle one)** **Child's Date of Birth:** _____

Child's Ethnicity: Hispanic? Yes/No (circle one) **Race:** AI/AN Asian Black White
Pacific Islander (circle one)

Additional Child

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