

LCC Head Start / EHS / ECEAP Interest Application

Thank you for your interest. Please complete this form. An Enrollment Team member will reach out by email, phone, or text to confirm we received it. All information is confidential.

1. CHOOSE ALL PROGRAMS that you are interested in *(Interest does not guarantee enrollment)*

Pregnancy through 3 years of age:

- ☐ **Early Head Start Home-Based:** Weekly visits in your home. (Pregnancy to age 3).
- ☐ **EHS Teen Parent Program:** For parents 21 or younger finishing school. 7:30-4:00 Year Round. Winter & Spring Breaks match the school district at our LCC Center (Must receive Working Child Care subsidy WCCC).

3 years of age through Kindergarten Entry:

- ☐ **Head Start/ECEAP Part Day:** 3.5 hours a day (AM or PM). Sept–June.
- ☐ **Head Start/ECEAP School Day:** 6 hours a day. Sept–June.
- ☐ **Working Day:** 7:30–5:30 Year Round. Winter & Spring Breaks match the local school district. Multiple locations. (Must receive Working Child Care subsidy WCCC)

Families receiving the WCCC childcare subsidy are able to choose from all programs. Please let us know if you are receiving the subsidy or call 844-626-8687 to apply.

2. CHILD INFORMATION

Child's Full Name: _____ Date of Birth: _____

Other Children Applying (Names/birthdates): _____

If pregnant, due date: _____ Home Language: _____

Address: _____

Race (Check all that apply): ☐ Black ☐ Alaska Native ☐ American Indian ☐ Asian ☐ Hispanic ☐ Pacific Islander/Hawaiian ☐ White ☐ Other: _____

Does your child have an IEP or IFSP? ☐ Yes ☐ No

Areas of need: ☐ Speech ☐ Motor ☐ Vision/Hearing ☐ Autism ☐ Other: _____

Any concerns or other information to share about your child: _____

3. PARENT / GUARDIAN INFORMATION

Parental Status: ☐ Biological ☐ Foster Care ☐ Kinship Care ☐ Legal Guardianship

Primary Parent/Guardian Name/Date of Birth: _____

Relationship to Child: _____ Phone: _____

Email Address: _____ Best way to reach you? ☐ Call ☐ Text ☐ Email

Secondary Parent/Guardian Name/Date of Birth: _____

Relationship to Child: _____ Phone: _____

4. FAMILY & INCOME

This information helps us see which programs your family qualifies for. All information is private. **How many people live in your home?** _____ *(Count yourself and anyone living with you who is related by blood, marriage, or legally authorized (foster).)*

Total "Gross" household income: \$ _____ **How often?** ☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Yearly *Note: "Gross" is the amount you make before taxes are taken out.*

Do you receive any of the following? (Check all that apply):

- ☐ **SNAP** (Food stamps) Account # _____
- ☐ **TANF** (Cash assistance) Account # _____
- ☐ **WIC** ☐ **SSI** (Supplemental Security Income)
- ☐ **HUD** (Housing/Section 8) ☐ **WCCC** (Working Connections Child Care subsidy)

5. YOUR LIVING SITUATION

Understanding your current housing helps us prioritize your application and offer extra support. **Where are you and your child staying right now? (Check one):**

- ☐ **Permanent Housing:** We rent or own our home
- ☐ **Staying with others:** We are "doubled up" because we cannot afford our own housing.
- ☐ **Temporary Shelter:** Emergency shelter or transitional housing.
- ☐ **Unsheltered:** Staying in a car, park, or place without water, heat, or electricity.
- ☐ **Hotel/Motel:** We are staying in a hotel or motel.
- ☐ **Moving often:** We are "couch surfing" or moving from place to place.

6. EMERGENCY CONTACTS *(List 2 people we can call if we can't reach you)*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

7. REFERRALS & UPDATES

How did you hear about us? (Check one): ☐ Website ☐ Social Media ☐ Friend/Family

☐ Mailer ☐ Community Event ☐ Business: _____ ☐ Employee: _____

Referred to our program by: _____

8. SIGNATURE

"I promise that all information is true, and I understand that I could be removed from the program if I give false information. The agency will keep my information confidential, but I can ask to see my records by written request."

Print Name: _____ **Date:** _____

Signature: _____

An Enrollment Member will contact you if further information is needed.

LCC Non-Discrimination Statement: Lower Columbia College provides equal opportunity and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other protected status.

