



Early Learning And Family Services Head Start/ECEAP/Early Head Start Initial Application

Today's Date _____ Child's Birthdate _____

Child's Legal Name _____ M F Ethnicity _____ (Optional)

Mailing Address _____ Home Phone _____
Street/P.O. Box City Zip (Message)

Email Address _____

Street Address _____ Work Phone _____
Street City Zip

Is your housing sponsored by the Bellingham Housing Authority (low-income housing or Section 8)? Yes No

Parent/Guardian Birthdate Address (if different than above) Ethnicity _____ (Optional)

Parent/Guardian Birthdate Address (if different than above) Ethnicity _____ (Optional)

Child lives with: Parents Mother Only Father Only Guardian Foster Parents

If child lives with foster parents _____
Name of foster parent

Language(s) spoken by child _____ Language(s) spoken by parent(s) _____

Income & Child Care Information

In my family there are _____ adults and _____ children.

Please list other children in your household:

Name: _____ **Birthdate:** _____

Source of income: TANF Work
SSI Other (please explain) _____

Does your child attend child care? Yes No If so, where: _____
Do you need child care? Yes No Comments: _____

Please complete items on back.....

