

**Marin Head Start
Application for Wait List**

359 Bel Marin Keys Blvd, Suite 1 Novato, CA 94949 (415) 883-3791 Fax (415) 883-6088
child@marinheadstart.org

Child's Name _____ **Date of Birth** _____ / _____ / _____ **Gender** _____
Month Day Year
 Primary language spoken _____ Other language(s) _____ Race/Ethnicity _____

Is your child receiving **WIC**? yes no

Does your child have a diagnosed disability or special need? yes no If yes, what is the diagnosis? _____

What provider/ agency are you working with around your child's special needs? _____

Parent/Guardian #1 _____ Date of Birth _____ / _____ / _____ Gender _____ Relationship to child _____
 Primary language spoken _____ Other language(s) _____ Race/Ethnicity _____

Lives with child: yes no if no, please list other address: _____

Parent/Guardian #2 _____ Date of Birth _____ / _____ / _____ Gender _____ Relationship to child _____
 Primary language spoken _____ Other language(s) _____ Race/Ethnicity _____

Lives with child: yes no if no, please list other address: _____

Address _____ City _____ Zip Code _____

Do you consider your family homeless? yes no
 (Proof will be required)

Phone Numbers: Home _____ - _____ Cell _____ - _____ Additional Number _____ - _____

What number do we call first? _____ **E-mail:** _____

Number of people in your immediate family _____ How many people living in the home? _____

Family Income

Parent/Guardian #1 What is your monthly income before taxes? \$ _____ day week month annual
 Source of income (circle all that apply) Work TANF Cal Works SSI Other

Parent/Guardian #2 What is your monthly income before taxes? \$ _____ day week month annual
 Source of income (circle all that apply) Work TANF Cal Works SSI Other

List your child's siblings that live in the home

Name of sibling	Male/Female	Date of Birth

All of the above information must be filled in and complete or your application will not be processed

Certification: I certify that this information is true. If any part is false my participation in this agency's program may be terminated. I also understand that the information in this application will be held in strict confidence.

Parent/Guardian Signature: _____ **Date:** _____ / _____ / _____