



**ROCK WALWORTH HEAD START
2ND YEAR CHILD APPLICATION
PROGRAM YEAR 2025 - 20256**

Dear Families,

Please complete and return the attached application for your **currently enrolled** Head Start child to your child's classroom teacher or your Family Service Coordinator. When the enrollment office receives the application, a spot will be reserved for your child for the fall. Spots **CANNOT** be saved without the application as space and class sizes are limited.

It is **NOT** necessary for returning children to provide proof of income. The income provided for this year will be **carried over to the 2025-2026 program year.**

Children that will be **4** on or before September 1, 2025, may qualify for 4K (4-year-old kindergarten) if your community offers it. If your child will be in a Head Start/4K classroom next year (**Beloit and Janesville only**) you also need to register with your local school district. Further information regarding Head Start/4K will be provided as we receive it.

<u>HEAD START RETURNING CHILD CHECKLIST</u>
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- ✓ **Application**
- ✓ **A Transportation Form will be provided to you in May. We must have transportation information to assign your child to a classroom.**
- ✓ **4K/P4J School paperwork-Beloit/Janesville only, children must be 4 on or before Sept. 1st)**

Reminder: Please make sure your child's Physical, Immunizations and Dental exams are up to date before school starts. If you need these forms, please contact your child's classroom teacher or your Family Service Coordinator.

☺ **If ANY CHANGES occur over the summer, please call the Enrollment Office!**

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2ND YEAR RETURNING CHILD APPLICATION

This application should be filled out & signed by the legal parent/guardian(s) only.
PEN ONLY PLEASE!

1. Child's Name: _____ DOB: _____

☐ Female ☐ Male

Home Address: _____

Apt #

Street

City/Zip

County

2. CHILD LIVES PRIMARILY WITH: (Check all that apply)

<input type="checkbox"/>	Both parents/Same house	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Legal Stepparent	<input type="checkbox"/>	Parent's Significant Other	<input type="checkbox"/>	Parent's Significant Other
<input type="checkbox"/>	Grandparent(s)	<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Legal Guardian
<input type="checkbox"/>	Other:				

Is one parent away on military duty? ☐ NO ☐ YES

Is mom pregnant? ☐ NO ☐ YES ☐ UNSURE

If yes, when is the due date: _____

3. CURRENT LIVING ARRANGEMENT:

☐ Rent ☐ Own ☐ Living with family/friend

☐ Homeless: this means that you are staying in a car, park, hotel, emergency shelter, staying on the street, transitional housing, or are living with family member/friend short term (please circle which one).

4. PRIMARY PARENT/ LEGAL GUARDIAN # 1:

NAME: _____ DOB: _____

Race/Ethnicity: _____ Latino: ☐ Yes ☐ No

STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Birth Mom ☐ Birth Dad ☐ Adoptive
☐ Foster

Custody: ☐ Yes ☐ No **Shared:** ☐ Yes ☐ No

Primary Language: _____ Primary Phone: _____ H C W

Text Messages: ☐ Yes ☐ No

Email Address: _____

5. PRIMARY PARENT/ LEGAL GUARDIAN #2:

NAME: _____ DOB: _____

Race/Ethnicity: _____ Latino: ☐ Yes ☐ No

STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Birth Mom ☐ Birth Dad ☐ Adoptive
☐ Foster

Custody: ☐ Yes ☐ No Shared: ☐ Yes ☐ No

Primary Language: _____ Primary Phone: _____ H C W

Text Messages: ☐ Yes ☐ No

Email Address: _____

6. CONTACT PEOPLE IF WE ARE UNABLE TO REACH YOU:

1. _____
Name Relationship to Child Phone

2. _____
Name Relationship to Child Phone

7. SIBLINGS IN THE HOME:

1. _____ ☐ Male ☐ Female DOB: _____

2. _____ ☐ Male ☐ Female DOB: _____

3. _____ ☐ Male ☐ Female DOB: _____

4. _____ ☐ Male ☐ Female DOB: _____

5. _____ ☐ Male ☐ Female DOB: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

For enrollment purposes, I understand that RWCFS Head Start/Early Head Start may need to coordinate programming with my local school district, WI Shot Registry, other home visitation programs, and/or daycare providers for transportation, placement, 4K registration, and scheduling.

By signing, I verify that I am the parent/legal guardian of this child and that the information provided is correct and complete, to the best of my knowledge. I further understand that if I knowingly provide false information, my family may no longer be eligible for further services.

Non-discriminatory Clause: RWCFS HS & EHS policy is not to discriminate based on race, sex, age, color, national origin, religion, or disabilities in the provision of services and employment.

Signature _____ Date _____

Signature _____ Date _____

Revised:1/25 BO			
OFFICE USE ONLY:			
	Transportation Form		
	Health Form		
TOTAL POINTS:		DATA ENTERED BY:	REVIEWED BY:

.CC: _____