

Please return application to:
 Penquis Child Development
 PO BOX 1162 or 262 Harlow St
 Bangor ME 04402-1162



Date of application:

Child Information

First Middle Initial Last Suffix Date of Birth Gender

Race		Hispanic or Latino	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

Primary Health Coverage	Other Coverage	Insurance #	MaineCare Eligibility	MaineCare #	Name of Your Child's Doctor
			<input type="checkbox"/> Not Eligible		
			<input type="checkbox"/> On MaineCare		
			<input type="checkbox"/> Potentially		

Dental Coverage	Dental Coverage #	Name of Your Child's Dentist	Does child have an IFSP/IEP? A Diagnosed special need?
			<input type="checkbox"/> Yes If yes, please identify: _____
			<input type="checkbox"/> No

Primary Adult Information

First Middle Initial Last Suffix Date of Birth Gender

Race		Hispanic or Latino	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

Highest Grade Completed		Employment Status		Child's Relationship
<input type="checkbox"/> Master's	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> Grade 10			<input type="checkbox"/> Other
	<input type="checkbox"/> < Grade 9			

Opt in for emails: Yes No Email Address: _____

Secondary Adult Information

First Middle Initial Last Suffix Date of Birth Gender

Race		Hispanic or Latino	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Little		<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate		<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient		

Highest Grade Completed		Employment Status		Child's Relationship
<input type="checkbox"/> Master's	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> Grade 10			<input type="checkbox"/> Other
	<input type="checkbox"/> < Grade 9			

Opt in for emails: Yes No Email Address: _____

Please return application to:
 Penquis Child Development
 PO BOX 1162 or 262 Harlow St
 Bangor ME 04402-1162



Parent/Guardian Name & Child Name (from first page): _____

Additional Child Information

First	Middle Initial	Last	Suffix	Date of Birth	Gender
-------	----------------	------	--------	---------------	--------

Race		Hispanic or Latino	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Not	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____		Hispanic or Latino	<input type="checkbox"/> Proficient		

Additional Child Information

First	Middle Initial	Last	Suffix	Date of Birth	Gender
-------	----------------	------	--------	---------------	--------

Race		Hispanic or Latino	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> None		<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Not	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____		Hispanic or Latino	<input type="checkbox"/> Proficient		

Family Information

Family Living Address

Living Address	ZIP	City	State	County
----------------	-----	------	-------	--------

Family Mailing Address

Same as living?	Mailing Address if different from living address	ZIP	City	State	County
-----------------	--	-----	------	-------	--------

Yes No

Phone Number(s)	Type (check one)	Opt in for text messages:
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One Parent in home		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> Two Parents in home		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	

How many living in household?	TANF Status	SSI
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)
	\$		\$	
	\$		\$	
	\$		\$	

******ADDITIONAL INFORMATION WILL BE REQUIRED TO COMPLETE THE APPLICATION PROCESS:** Copy of Child's Official Birth Certificate; Copy of Child's Current Immunization Record; Proof of Income (W-2 or 1040 Tax Form); TANF (last 12 months); SSI; Social Security Benefits; etc. need to be mailed or dropped off to the address at the top of this application.

I certify that the information given on this application is correct to the best of my knowledge.

I understand that this application serves as an application for both preschool and Head Start services and funding. If it is determined that my child is eligible, I agree that this document will serve as an application for Head Start. In accordance with federal regulations, Penquis does not discriminate in access to or the provision of its services.

Parent / Guardian Signature: _____ Date: _____

Parent Name: _____

Child Name: _____

EARLY HEAD START, HEAD START and CHILD CARE

PLEASE CHECK OFF ALL SERVICE OPTIONS AND SITE LOCATIONS THAT APPLY	<ul style="list-style-type: none"> • Bangor, Davis Rd <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start / Child Care <input type="checkbox"/> Head Start / Child Care 	<ul style="list-style-type: none"> • Dover-Foxcroft, Morton Ave <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start (8am-2pm) <input type="checkbox"/> Head Start - Part-Year
	<ul style="list-style-type: none"> • Bangor, Venture Way <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start (8am-2pm) <input type="checkbox"/> Early Head Start/Child Care <input type="checkbox"/> Head Start / Child Care <input type="checkbox"/> Head Start - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session 	<ul style="list-style-type: none"> • Old Town, Middle Street <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start / Child Care <input type="checkbox"/> Head Start / Child Care
	<ul style="list-style-type: none"> • Bangor, EMCC <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start / Child Care <input type="checkbox"/> Head Start / Child Care 	<ul style="list-style-type: none"> • Rockland, High St <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start (8am-2pm) <input type="checkbox"/> Early Head Start / Child Care <input type="checkbox"/> Head Start / Child Care <input type="checkbox"/> Head Start - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session
	<ul style="list-style-type: none"> • Brewer, Jean Lyford Child Care Center <ul style="list-style-type: none"> <input type="checkbox"/> Early Head Start (8am-2pm) <input type="checkbox"/> Head Start - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session 	

- Early Head Start is offered to children ages 6 weeks to 3 years old
- Head Start (any HS classroom not labeled Pre-K) is offered to children ages 3 to 5 years old
- Head Start Pre-K is offered to children ages 4 to 5 years old

HEAD START PART-YEAR ONLY LOCATIONS

HOW DID YOU HEAR ABOUT OUR PROGRAM?	<ul style="list-style-type: none"> • Brewer, Brewer Pre-K <ul style="list-style-type: none"> <input type="checkbox"/> Head Start / Pre-K - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session 	<ul style="list-style-type: none"> • Dexter, Dexter Preschool <ul style="list-style-type: none"> <input type="checkbox"/> Head Start - Part-Year
	<ul style="list-style-type: none"> • East Millinocket - KRDC Pre-K <ul style="list-style-type: none"> <input type="checkbox"/> Head Start / Pre-K - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session 	<ul style="list-style-type: none"> • Lincoln - RSU 67 Pre-K <ul style="list-style-type: none"> <input type="checkbox"/> Head Start / Pre-K - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session
	<ul style="list-style-type: none"> • Milo - MSAD 41 Pre-K <ul style="list-style-type: none"> <input type="checkbox"/> Head Start / Pre-K - Part-Year <ul style="list-style-type: none"> <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session 	<ul style="list-style-type: none"> • Newport - RSU 19 Pre-K <ul style="list-style-type: none"> <input type="checkbox"/> Head Start / Pre-K - Part-Year
	<ul style="list-style-type: none"> • Rockland - RSU 13 Pre-K <ul style="list-style-type: none"> <input type="checkbox"/> Head Start / Pre-K - Part-Year 	

- DHHS
- Family / Friend
- Medical Provider
- Newspaper
- Social Media
- TV
- WIC
- Other:

- **Early Head Start is offered year-round.**
 - There are 8am - 2pm sessions offered at Venture Way, Dover, Jean Lyford and Rockland.
 - Early Head Start in combination with Child Care is offered from 7am - 5:30pm at Davis Rd, EMCC, Venture Way, Old Town, Rockland.
- **Head Start in combination with Child Care is offered from 7am - 5:30pm at Davis Rd, EMCC, Venture Way, Old Town, Rockland**
- **Head Start is offered for part of the year (school calendar).**
 - Classroom times and days vary depending upon location.
 - Some locations may have both morning and afternoon sessions available or just a morning session.
 - Note: classrooms start in August or September and end in May or June depending upon location.

Please contact 973 - 3567 if you need assistance filling out this application.

