TRI-CAP
Improving Lives Since 1966

2026-2027 TRI-CAP Head Start Preschool Family Pre-Application

A Head Start Family Advocate will contact you to complete the application process after this form has been submitted.

Child Information

Child Name: _____ **Date of Birth:** ____/____/____

Gender (circle one): Male or Female

Street Address: _____
City State Zip Code

What is the child's primary language?

English Spanish Other: _____

How would you describe the child's ability to speak English?

Very Well Well Not Well Not At All

What is the child's race?

White Black/African American American Indian/Alaskan Native

Asian Hawaiian or other Pacific Islander Other:_____

Multi-racial or Bi-racial - Specify: _____

What is the child's ethnicity? Hispanic Non-Hispanic

Primary Adult Information

Parent/Guardian Name: _____ **Date of Birth:** ____/_____/_____

Gender (circle one): Male or Female ☐ Check if Teen Parent

What is the parent/guardian's primary language?

English Spanish Other: _____

How would you describe the parent/guardian's ability to speak English?

Very Well Well Not Well Not at All

What is the parent/guardian's race?

White Black/African American American Indian/Alaskan Native

Asian Hawaiian or other Pacific Islander Other: _____

Multi-racial or Bi-racial - Specify: _____

What is the parent/guardian's ethnicity? Hispanic Non-Hispanic

What is the primary adult's relationship to the child?

Mother Legal Guardian/unrelated

Father Legal Guardian/related

Foster Grandparent Other: _____

Phone Numbers: Please make sure the number you provide is a working number so we can contact you if needed.

(_____) _____-_____ cell/home/work (_____) _____-_____ cell/home/work

What is primary adult's email address? _____

Site Preference

____ Boonville ____ Jasper ____Petersburg ____Newburgh

How did you hear about TRI-CAP Head Start Preschool?_____

Secondary/Other Adult Information

Secondary Adult's Name: _____ **Date of Birth:** ____/_____/_____

Gender (circle one): Male or Female ☐ Check if Teen Parent

What is the secondary adult's primary language?

English Spanish Other: _____

How would you describe the secondary adult's ability to speak English?

Very Well Well Not Well Not at All

What is the secondary adult's race?

White Black/African American American Indian/Alaskan Native

Asian Hawaiian or other Pacific Islander Other:_____

Multi-racial or Bi-racial - Specify: _____

What is the secondary adult's ethnicity? Hispanic Non-Hispanic

What is the secondary adult's relationship to the child?

Mother Legal Guardian/unrelated

Father Legal Guardian/related

Foster Grandparent Other: _____

Phone Numbers: Please make sure the number you provide is a working number so we can contact you if needed.

(_____) _____-_____ cell/home/work (_____) _____-_____ cell/home/work

What is secondary adult's email address? _____

Marital and Parental Status

Are the primary adult and secondary adult married? YES NO

Is the secondary adult a biological parent or legal step-parent of the child? YES NO

If no, please state relationship to the child_____

Is there any custody agreement regarding the child? YES NO

(If so, be prepared to provide documentation later in the application process.)

A TRI-CAP Head Start Preschool Family Advocate will contact you to complete the application process after this form has been submitted.

By signing below, I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I give TRI-CAP Head Start Preschool permission to verify any/all information on this form.

X_____ Date _____

Office Use Only

Part I Date Received & Initials: _____ Date Part II Completed & Initials: _____

Data Entered into ChildPlus & Initials: _____

***Order to be paper clipped: Income Verification Form, Application Part I, Application Part II, Birth Certificate, and Income Document.*

Date Verified & Initials: _____ Reviewed 2/2025 TS