

### COVER LETTER FOR APPLICATION

- **Half Day:** Children ages 3-5 years, 3 1/2 hours per day  
Tuesday-Friday, A.M. Session 8:30 a.m. – 12 noon  
Tuesday-Friday, P.M. Session 1:00 p.m. – 4:30 p.m.
  
- **Full Day \*Extended Hours:** Children ages 3-5 years  
Monday – Friday - Family Child Care 7:30 a.m. – 5:30 p.m.  
Monday – Friday - Head Start Center 7:00 a.m. – 6:00 p.m.  
Parents must be employed, enrolled in school, or in job training
  
- **Early Head Start: Pregnant moms, and Children ages 0-3 years, please call (510) 553-9926**

Date \_\_\_\_\_

Parent(s): Name \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Oakland, CA Zip: \_\_\_\_\_

**Thank you for applying for the City of Oakland Head Start Program. Please turn in your child's application to the address listed above, or call (510) 238-3165 for other locations where you can drop off or pick up an application.**

*(Please submit copies of the following documents with your child's Head Start application)*

- 1. Child's Birth Certificate
- 2. Verification of most recent income
- 3. Child's Immunization Record
- 4. Medi-Cal Card and/or other Medical Insurance (if any)
- 5. Proof of employment, enrollment in school or job training \*(for extended services only)

Upon the acceptance of your child(ren), we will need the following information:

- Child T.B. clearance, by a medical professional (Prior to the child's first day of class)
- Adult T.B. clearance by a medical professional (Prior to participation in classroom activities)
- Child physical examination report
- Child dental examination report

If you need further assistance please call (510) \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature of Program Representative

\_\_\_\_\_  
Print name

**For Staff Use**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_