

HEAD START ENROLLMENT APPLICATION 2010-2011

Date of Application _____

PROGRAM OPTION PREFERENCE

Part Day Full Day/Full Year Full Day/Part Year Home Base Combination

If Part Day do you prefer: AM _____ PM _____

How did you find out about Head Start? Friend Radio Church Flyer

Billboard Bus Sign Recruitment Fair School District

Had a child enrolled previously Other _____

Did this child (children) have a sibling enrolled in 2009-10? Y N

If yes, print sibling's name _____

CHILD'S INFORMATION

SSN _____ - _____ - _____ School District _____

Child's Name _____

First Middle Last

Gender M F **DOB** _____

Age Verification Birth Certificate Hospital Record Baptismal Record Other

Residential Address _____

Street Address Apt/Suite

City State Zip

Phone (Home) _____ **(Work)** _____ **(Cell)** _____

Ethnicity: (All Must Choose One)

- Non- Hispanic
- Hispanic Cuban Hispanic Mexican Hispanic Puerto Rican
- Hispanic South or Central American Hispanic Other

Race: (All Must Choose One)

- American Indian or Alaskan Native White or Caucasian Asian Black or African American
- Bi-Racial or Multi-Racial Native Hawaiian or Pacific Islander

Primary Language _____ **Secondary Language** _____

How well does this child speak English? Very Well Well Not Well No English

CHILD'S MEDICAL INSURANCE INFORMATION

Type of Medical Insurance:

Medicaid MI Child (CHIP) Private Military Other _____ None

Medical Insurance Provider Name/HMO _____

Medical Insurance Number _____

Dental Insurance: Medicaid Private Other _____ None

Name of Child's Doctor _____

Name of Child's Dentist _____

HEAD OF HOUSEHOLD/LEGAL GUARDIAN INFORMATION

Name of Head of Household or Legal Guardian _____ Gender M F

DOB _____ Relationship to Enrolling Child _____

Marital Status: Married Single Divorced Separated Widowed

Primary Language _____ Race _____

Highest Education Level: ____ (Last Grade Completed – 1 thru 12)

No HS Diploma or GED GED HS Diploma Some College College Degree Currently Pregnant? Yes No N/A Current Employment Status: Full Time Part Time Seasonal Retired Unemployed Were you employed during the last 12 months? Yes No Currently In School? Y N PT FT

Email Address (if any) _____ @ _____

Family Type: Two parents/guardians living in home One Parent/guardian living in home Is this adult covered by health insurance? Yes No **OTHER PARENT/LEGAL GUARDIAN LIVING IN HOME (If applicable)**

Name of Other Parent or Guardian if living in home _____ Gender M F

DOB _____ Relationship to Enrolling Child _____

Primary Language _____ Race _____

Highest Education Level: ____ (last grade completed 1-12)

No HS Diploma or GED GED HS Diploma Some College College Degree Currently Pregnant? Yes No N/A Current Employment Status: Full Time Part Time Seasonal Retired Unemployed Were you employed during the last 12 months? Yes No Currently In School? Y N PT FT

Email Address (if any) _____ @ _____

Is this adult covered by health insurance? Yes No

**Wayne County Head Start Enrollment Application
OTHER ADULTS LIVING IN THE HOUSEHOLD**

1. Name _____ Relationship to Enrolling Child _____

Is this person providing financial support for the child? Y N

2. Name _____ Relationship to Enrolling Child _____

Is this person providing financial support for the child? Y N

3. Name _____ Relationship to Enrolling Child _____

Is this person providing financial support for the child? Y N

OTHER CHILDREN LIVING IN THE HOUSEHOLD

Name	Relationship (sibling, related, not related)	Birthdate	Gender M/F	Race	Language	Currently Receiving Special Ed or Early On Services Y/N
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

FAMILY INFORMATION

Type of Housing: House Mobile home/trailer Hotel/motel room Migrant housing
Apartment Community shelter Homeless/no housing Other _____

Housing Payment: Exchange Services for housing Make no payments for housing Own Housing
Rent Housing Receive subsidized housing

Length at current address: Less than 6 months 6-12 months 1-2 years More than 2 years

Number of times family has moved in past 12 months : Family has not moved Once Twice
Three Times Four or more times

Has your family been homeless in the past 12 months? YES NO

If yes, Length of time of homelessness: Less than 1 month 1-3 months 3-6 months More than 6 months

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Child's Name _____

PARENT UNDERSTANDING

1. I understand that my child must have an annual physical exam, including hemoglobin and lead level, within 30 days of his/her entry into Head Start. I will submit the appropriate form(s) to Head Start within the required time frame.
2. I understand that my child must have an annual dental exam within 90 days of his/her start date in Head Start. I will submit the appropriate dental form to Head Start with the required time frame.
3. I understand that my child must have up-to-date immunizations to enter and remain in Head Start. I will submit proof of immunizations at the time of enrollment. If my child receives immunizations during his Head Start enrollment, I will provide proof of those immunizations.
4. I understand that my child is expected to attend Head Start on a regular basis. I will notify the Head Start center when my child is going to be absent or late. If my child is absent and the Center has not been notified, I understand that the Head Start center will call me to follow-up on the absence.
5. I understand that I am expected (but not required) to volunteer in the Head Start program. I can do volunteer activities in my home or in the Head Start center. My participation is not a condition of my child's enrollment; however, my participation will enrich my child's experience.
6. I understand that I have the opportunity to meet with my child's teacher in my home at least twice a year and I will have two parent-teacher conferences annually. My child's progress will be discussed during these home visits and conferences.
7. I understand that field trips are a part of the Head Start Program. I will receive and must return a signed permission slip for each trip. Accompanying my child on a field trip is another opportunity for me to volunteer in Head Start.

PARENT PERMISSION

1. I understand that non-invasive screenings (vision, hearing, blood pressure, developmental, height and weight, and social-emotional) are required by Head Start. I give permission for my child to receive missing/repeated health screenings during the time he/she is enrolled in Head Start. Yes No
2. I give permission for my child's photograph to appear in a Head Start program display, Head Start Publications, the Head Start Web Site, or other media including videotaping, publicizing Head Start activities. Yes No
3. I give permission for my photograph to appear in a Head Start program display, Head Start Publications, the Head Start Web Site, or other media, including videotaping publicizing Head Start activities. Yes No

Note: Parents will be asked to sign a separate release form for any photographs to be used outside of Head Start, such as in a local newspaper.

I certify that this application is complete and true to the best of my knowledge.

Parent/Legal Guardian Signature

Date

Wayne County Head Start Enrollment Application
INCOME VERIFICATION
STAFF USE ONLY

Child's Name _____

Number in Family _____

Parent/Guardian Name _____

Public Assistance: *Indicate all types of assistance family is receiving*

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> DHS/TANF Income | <input type="checkbox"/> DHS Child Care Reimbursement | <input type="checkbox"/> Foster Child |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplementary Security Income | |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Subsidized Housing | |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Work First | |

[If a two (2) parent household, then all information must be completed for both parents]
INCOME FROM LAST 12 MONTHS OR LAST CALENDAR YEAR (Jan-Dec)

Head of Household/Legal Guardian

WORKING: Part Time Full Time Unemployed during last 12 months

EMPLOYER: _____ Hours per week _____

VERIFICATION: PAY STUBS (YTD Dec) FORM 1040 DIIS

W-2 's (last year) LETTER FROM EMPLOYER NO INCOME

RECEIVING CHILD SUPPORT OR OTHER INCOME Y N

SCHOOL/TRAINING PROGRAM: _____

VERIFICATION: LETTER FROM SCHOOL SCHEDULE

COPY OF TRANSCRIPT

ANNUAL INCOME

Head of Household/Primary Guardian

Employment \$ _____

DHS/TANF \$ _____

SSI \$ _____

Foster Care Stipend \$ _____

Other (specify) \$ _____

Total Annual Income \$ _____

Other Parent or Legal Guardian

WORKING: Part Time Full Time Unemployed during last 12 months

EMPLOYER: _____ Hours per week _____

VERIFICATION: PAY STUBS (YTD Dec) FORM 1040 DIIS

W-2 's (last year) LETTER FROM EMPLOYER NO INCOME

RECEIVING CHILD SUPPORT OR OTHER INCOME Y N

SCHOOL/TRAINING PROGRAM: _____

VERIFICATION: LETTER FROM SCHOOL SCHEDULE

COPY OF TRANSCRIPT

ANNUAL INCOME

Other parent/guardian

Employment \$ _____

DHS/TANF \$ _____

SSI \$ _____

Other (specify) \$ _____

Total Annual Income \$ _____

Comments (e.g. mom unemployed last calendar year; lived with child's grandparents):

TOTAL ANNUAL INCOME OF HOUSEHOLD \$ _____

If income is "\$0", a Statement of No Income must be attached

Staff Signature verifying income _____ Date _____

Supervisor/Manager Signature _____ Date _____

Family is income-eligible Family is over-income
 COPIES OF INCOME VERIFICATION DOCUMENTATION MUST BE ATTACHED