

HEAD START/EARLY HEAD START ENROLLMENT APPLICATION

Preference: <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start				
CHILD INFORMATION				
Child Last Name:	Child First Name:	Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Current Age:
Child's Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: _____		Dental Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: _____		
Race (Optional): <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unspecified		Child's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> European-Slavic <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____		
Ethnicity (Optional) __ Hispanic or Latino origin __ Non-Hispanic or Latino origin		Does your child have a sibling enrolled in Head Start or Early Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sibling's Name: _____		
Does your child have any special need or disabilities that require any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your child been evaluated with a current IFSP or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any concerns about your child's health? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FAMILY INFORMATION & DEMOGRAPHICS				
Parent/Guardian Name: Last	First	Home Address (Street, City, Zip Code)	Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Child:		Primary Phone: ()	Secondary Phone: ()	
Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you attending school/Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Advanced Training/Certificate <input type="checkbox"/> Associates Degree (AA) <input type="checkbox"/> 4 year degree or above	Email Address:	

Parent/Guardian Name: Last	First	Home Address (Street, City, Zip Code)	Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Child:		Primary Phone: ()	Secondary Phone: ()	
Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you attending School/Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Advanced Training/Certificate <input type="checkbox"/> Associates Degree (AA) <input type="checkbox"/> 4 year degree or above	Email Address:	

Household Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Non-Parent Custody	Yearly Income:	Number in Family:	Housing Type: <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Own <input type="checkbox"/> Other _____
How did you hear about Head Start/Early Head Start?	Are you receiving : <input type="checkbox"/> Temporary Assistance for Needy Families <input type="checkbox"/> WIC <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> SNAP (Formerly Food Stamps)		

Who can we contact if we have trouble reaching you? _____ Phone Number: _____

PARENT/GUARDIAN CONSENT	
I am legally responsible for this child.	
Parent/Guardian Signature _____	Application Date _____

Butler County Children's Center, Inc. cooperates with the school district of residence, the Midwestern Intermediate Unit IV and the Base Service Unit – Center for Community Resources (CCR). A parent's signature on this application gives us permission to exchange information such as name, address, telephone number, status of the application and site assignment with these agencies. If for any reason you do not want us to share this information, please circle no.

No one shall be discriminated against because of race, creed, color, national origin, age, sex, religion, mental or physical disabilities.