Head Start
Application for Enrollment

All information provided in this application is confidential and will be kept in locked file cabinets at the Head Start Center.

To be completed by Head Start Staff

Program School Year: _____ Head Start Center: _____

Section 1: Applicant Information

Child's Name: _____ Date of Birth: _____

_____Male _____Female

Parent/Guardian's Name: _____ Date of Birth: _____

Mailing Address: _____
Street or P.O. Box, City, State, Zip

Physical Address: _____
Street or County Road, City, State, Zip

Phone Number:_____

Parent/Guardian's Name _____

Mailing Address if different than above _____

How did you hear about our Head Start program? _____

Child's Ethnicity: Please check the appropriate box: □

□ Bi-racial (specify)
_____
□ White
□ Black
□ African
□ West Indian
□ Latino/Hispanic

□Asian/Pacific Islander (specify)
□ Chinese
□ Korean
□ Vietnamese
□ Japanese
□ Hawaiian

□ Filipino
□ Samoan
□ Guamanian
□ Asian Indian
□ Other

Language:

What language is spoken most often in your home? _____

Does your child speak English? Yes No

How well does your child speak English? ___Very well ___Well ___Not well ___Not at all

Section 2: Disabilities Information

Has your child been diagnosed or suspected of disability or development delay?

____Yes
____No

If "yes" is marked above, please complete the information below:

Date of Evaluation: _____

Evaluation done by: _____

Section 3: Family Information

Indicate Family Type:

_____Two Parent Family
_____Single Parent Family
_____Non-Parent/Guardian Specify
_____Foster Family

Number in family: _____

Family Members(Please include full name, birth date, and relationship to a child applying at head start):

Name	Date of Birth	Relationship to child

Section 4: Assistance Information

What other income and/or assistance is your family currently receiving?

_____TANF
_____Unemployed Insurance
_____SSI – Disabilities/Survivors
_____HUD
_____NJ Family Care
_____Food Stamps
_____WIC
_____Medicaid
_____Other
_____None of the Above

Section 5: Education/Employment Information

Mother/Guardian's Name:_____	Father/Guardian's Name:_____
Last Grade Completed_____GED_____	Last Grade Completed_____GED_____
_____ Employed _____Unemployed	_____ Employed _____Unemployed
_____Full Time _____ Part Time	_____Full Time _____ Part Time
_____Seasonal _____Temp Employer	_____Seasonal _____Temp Employer
_____ Employer Name	_____ Employer Name
_____ Address	_____ Address
_____ City	_____ City
_____ Phone	_____ Phone

____Student

Specify:

____Year Round ____Full Time (12+ hrs week) ____Part Time (less than 12 credit hrs)

School: _____ Name _____ Address _____ Phone

Section 6: Housing Information

Type of housing:

_____Mobile Home _____House _____Apartment_____Other: _____

Do you:
_____Rent _____Own _____Other

_____Length of time at current address
_____Number of times family has moved in past 12 months

Have you been homeless in the past 12 months? _____yes _____no

Section 7: Other Information

Check all that apply.

_____Abuse issues at home (ie child, spousal, drug, alcohol, etc)

_____Parent/Guardian Deployment

_____Child previously enrolled in Head Start Program

_____Family Member is ill (ie depression, anxiety, schizophrenia)

_____There has been a death in the family in the past 6 months

_____Child has a sibling currently in Head Start

_____Child has an incarcerated parent

_____Parent suffers chronic health problems/disability

Do you have any other concerns? _____

Section 8: Signatures

To the best of my knowledge, all information provided in this application is true and correct.

_____ _____
Parent/Guardian's Signature Date

_____ _____
Head Start Family Service Advocate's Signature Date