

Fayette County Head Start Enrollment Application-Page 1

Child's Last Name	First Name	Middle	Preferred Name
Date of Birth	Age	Social Security Number	Sex
Child's Home Address -Street	City	State	Zip Code County
Name of Parent(s) Guardian	Parent or Guardian Social Security Number		

For Office Use Only

Date Accepted _____

Date Of Entry _____

Jeff. _____

W.C.H. _____

Income Verified:

Under _____

Over _____

Points _____

Age _____

Referral _____

ELI _____

Federal _____

Home Phone # _____ Cell Phone# _____ Name and Phone Number of closest relative not living with you where you can be reached _____

White Black Biracial Hispanic Asian Native American
 Child's Race (circle one)

Language Spoken _____

1st 2nd 3rd
 child's year in program

When your child is sick does he visit a Doctor? _____ Emergency Room _____ Urgent Care _____

Does your child see a Dentist? Yes _____ No _____ Is parent pregnant? _____

What is the name of your Doctor? _____ Dentist? _____

Do you receive Wic? _____ Is parent/legal guardian currently working? Mom _____ Dad _____ Guardian _____

Names of other children in the home	Birth date	Age	Relationship to child	Last grade attended example (7 th . 8 th . 12 th . Diploma-GED-College)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Names of Adults in the home				
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Do you currently have Health Insurance? Y _____ N _____ Medical Card Number _____

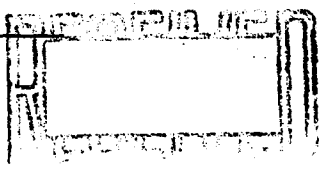
Insurance Name _____ Do you receive cash benefits from Human Services? Y _____ N _____

How did you find out about the Head Start program? (Flyer/parent /friend.) _____

Were you a former Head Start child or had a sibling in the program? _____

Your child may be in the morning or afternoon classes in our Jeffersonville or Washington C.H. Center and you may be responsible for transporting your child to school daily. Circle the class you prefer A.M. P.M. (This is not a guarantee that you will get the class you want.)

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Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and may be subject to legal action. Also, understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____  Date _____

