

Fayette County Early Learning Center Enrollment Form

Child's Last Name _____ First Name _____ Middle _____ Preferred Name _____

Date of Birth _____ City/State born _____ M F
Gender _____ Race _____ Spoken Language _____

Child's Home Address -Street _____ City _____ State _____ Zip Code _____ County _____

Home Phone # _____ Cell Phone# _____ E-mail Address _____

Is child receiving services for: IEP _____ Speech _____ Diagnosed disability _____

Is parent pregnant? _____ Mom's doctor? _____

Current living arrangement: Own _____ Rent _____ (Specify if you pay rent to the person you are living with)

Motel _____ Shelter _____ Friends _____ Relative-Who? _____ Other (specify) _____ Homeless _____

What is the name of child's doctor? _____ Child's dentist? _____

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

| For Office Use Only | | |
|--------------------------------|-----------------|-----------------|
| Date Accepted | _____ | |
| Date Of Entry | _____ | |
| Early Head Start | _____ | |
| H.S.-Jeff. | _____ | |
| H.S.-W.C.H. | _____ | |
| W.C.-Preschool | _____ | |
| Income Verified: | | |
| Under | _____ | |
| Over | _____ | |
| Points | _____ | |
| SSI/TANF | _____ | |
| Homeless | _____ | |
| Child's year in program | | |
| 1 st | 2 nd | 3 rd |

| Names of Siblings in the home | Birth date | Race | Relationship to child (brother or sister) | Last grade completed |
|--|------------|-------|---|----------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| Names of Parents/Guardian in the home | | | | |
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |

Does child currently have health insurance? Y _____ N _____ Insurance name and number _____

Do you now receive cash benefits (TANF/OWF) from ODJFS? _____ In the past? _____ Do you receive food stamps? _____

How did you find out about the Head Start program? (Flyer/parent/friend/former H.S. child or sibling/referral) _____

Current or history of domestic violence? Y / N _____ One or more parents incarcerated? Y / N _____

Current or previous case with Children's Services? Y / N _____ History of Substance abuse or mental health? Y / N _____

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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. I 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 _____

| |
|---------------------|
| Date Received _____ |
| By _____ |