



## 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: 2021-2022

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?

- |   |  |
|---|--|
| <input type="checkbox"/> TANF                         | <input type="checkbox"/> WIC               |
| <input type="checkbox"/> Unemployed Insurance         | <input type="checkbox"/> Medicaid          |
| <input type="checkbox"/> SSI – Disabilities/Survivors | <input type="checkbox"/> Other             |
| <input type="checkbox"/> HUD                          | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> NJ Family Care               |  |
| <input type="checkbox"/> Food Stamps                  |  |

**Section 5: Education/Employment Information**

<p>Mother/Guardian's Name: _____</p> <p>Last Grade Completed _____ GED _____</p> <p><input type="checkbox"/> Employed    <input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Full Time    <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Seasonal    <input type="checkbox"/> Temp Employer</p> <p>_____</p> <p style="text-align: center;">Employer Name</p> <p>_____</p> <p style="text-align: center;">Address</p> <p>_____</p> <p style="text-align: center;">City</p>	<p>Father/Guardian's Name: _____</p> <p>Last Grade Completed _____ GED _____</p> <p><input type="checkbox"/> Employed    <input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Full Time    <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Seasonal    <input type="checkbox"/> Temp Employer</p> <p>_____</p> <p style="text-align: center;">Employer Name</p> <p>_____</p> <p style="text-align: center;">Address</p> <p>_____</p>
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Phone	City
	_____
	_____
	Phone
<input type="checkbox"/> Student Specify: <input type="checkbox"/> Year Round <input type="checkbox"/> Full Time (12+ hrs week) <input type="checkbox"/> 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