

HEAD START/HRC XII 2009 - 2010 ENROLLMENT APPLICATION

Child Plus ID# _____

Date Entered ____/____/____ Initials _____
MONTH DAY YEAR

CHILD INFORMATION

Child's Legal First Name: _____ Middle: _____ Last Name: _____
Preferred Name: _____ Date of Birth: _____
Sex: M F Primary Language: _____ Secondary Language _____
Ethnicity: _____ Nationality: _____
Race: (Circle all that apply) Black White Asian Hispanic Native American Other _____
Child's Living Address: _____ City: _____ State: _____ Zip: _____

FAMILY INFORMATION

Family Last Name: _____ Parental Language: _____
Parental Status: (Circle all that apply)
Foster parent Grandparent Legal guardian Single-parent household Two-parent household
Do you have a parenting plan for this child? Yes No

Number in Household: _____ Number in Family: _____ Number of children by age: 0-3 _____ 4-5 _____

Mother/Guardian: _____
Mailing Address: _____ City: _____ State: _____
Zip: _____ E-mail Address: _____
Home Phone/Message: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian: _____
Mailing Address: _____ City: _____ State: _____
Zip: _____ E-mail Address: _____
Home Phone/Message: _____ Work Phone: _____ Cell Phone: _____

TRANSPORTATION INFORMATION: WILL YOU NEED BUS SERVICE? YES _____ NO _____

Pick-up location: _____ Route Number: _____
Drop-off location: _____ Route Number: _____

EMERGENCY CONTACTS/RELEASE APPROVAL/CHILD CARE PROVIDER

<u>Name</u>	<u>Relationship</u>	<u>Address/City/State/Zip</u>	<u>Phone</u>
1.			
2.			
3.			
4.			
5.			

YES _____ NO _____ I consent to pictures and videos being taken of my child at Head Start to be used in newspapers, brochures, TV, and bulletin boards for publications.
(Photos and identification tags are necessary for education and safety purposes)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HEAD START STAFF SIGNATURE: _____ DATE: _____

PLEASE COMPLETE ALL SECTIONS

INCOME INFORMATION: If your child is a second year student, you do not have to fill out the income information.

Family Member (Name of Person Receiving Income)	Source of Income	Income	X	Annual Income
	Gross Wages from 2008 Taxes or Current Monthly Wages			
	TANF			
	SSI/Disability			
	Unemployment			
	Scholarship/Grants			
	Child Support			

TOTAL YEARLY FAMILY INCOME: \$ _____

FAMILY MEMBER INFORMATION:

FIRST AND LAST NAME ENTER HEAD OF HOUSEHOLD FIRST (ADULTS)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	(SEE BELOW) (D1) EDUC. LEVEL	(SEE BELOW) (D2) EMPLOYED	OCCUPATION
A01.		- -	M F			
A02.		- -	M F			
A03.		- -	M F			

D1 = EDUCATION LEVEL CODES	D2 = EMPLOYMENT STATUS CODES
G 9 = THRU 9 TH GRADE OF EDUCATION or LESS G10 = THRU 10 TH GRADE OF EDUCATION G11 = THRU 11 TH GRADE OF EDUCATION G12 = THRU 12 TH GRADE OF EDUCATION HSG = GRADUATE FROM HIGH SCHOOL GED = ADULT-GENERAL EDUCATION COL = SOME COLLEGE EDUCATION/TRAINING CERTIFICATE CTG = COLLEGE DEGREE/ADV TRAINING A = ASSOCIATE DEGREE B = BACHELOR'S DEGREE M = MASTER'S DEGREE OR HIGHER	F = ADULT-FULL TIME-35 HRS/WK+ U = ADULT-UNEMPLOYED P = ADULT-PART TIME-UNDER 35 HRS T = ADULT-TRAINING OR SCHOOL R = ADULT-RETIRED OR DISABLED S = ADULT-SEASONALLY EMPLOYED B = ADULT-FULL TIME & TRNG L = ADULT-PART TIME & TRNG

FIRST AND LAST NAME OF CHILDREN IN HOUSEHOLD C01=CHILD BEING ENROLLED	DATE OF BIRTH	CHIL D'S SOCIAL SECURITY NO.	SEX	(SEE BELOW) RELATION TO: (D1)	(SEE BELOW) HOW RELATED (D2)	PARTICIPATION (D3)
C01.		- -	M F			
C02.		- -	M F			
C03.		- -	M F			
C04.		- -	M F			
C05.		- -	M F			
C06.		- -	M F			

(D1) = CHILD RELATION CODE	(D2) = HOW RELATED CODE	(D3) = PARTICIPATION CODE
B12 = CHILD IS RELATED TO BOTH ADULTS A01 = CHILD IS RELATED TO FIRST ADULT A02 = CHILD IS RELATED TO SECOND ADULT	C = NATURAL CHILD, ADOPTD, STEPCHILD G = GRANDCHILD N = NIECE / NEPHEW F = FOSTER CHILD O = OTHER	A = CHILD APPLYING Y = CHILD IS TOO YOUNG N = NEXT YEAR O = CHILD IS TOO OLD

Does your child have a disability or special need? YES NO SUSPECTED

If yes, give diagnosis date and source: _____ Date: _____

Was your child referred to Head Start? YES NO If yes, by whom: _____

Does your child have health insurance? Medicaid: _____ CHIPS: _____ None: _____ Other/Private: _____

*** If Other or Private, Name of Insurance: _____

Please complete the Head Start application (both sides) and submit it with the following information. Please use **BLACK or BLUE INK:**

- ü **CHILD'S BIRTH CERTIFICATE**
- ü **CURRENT IMMUNIZATION RECORD**
- ü **PROOF OF INCOME:** The family income is verified and documented before the child is able to participate in the Head Start program.

Verification includes **just one** of the following:

- ü Individual Income Tax Form 1040 (most current)
- ü W-2 Forms
- ü Pay Stubs
- ü Pay Envelopes
- ü Written Statements from Employers
- ü Documentation showing current status as recipients of public assistance

The Head Start staff looks forward to meeting you and ur child.
Mail or bring your application to the following addresses or call:

Butte Head Start
1000 South Arizona
Butte, Montana 59701
1-(406) 723-4078
1-(800) 560-3734

Dillon Head Start (Mary Innes)
225 ½ East Reeder
Dillon, Montana 59725
1-(406)-683-9339
1-(800) 560-3734