



## Belknap-Merrimack Head Start/Early Head Start

**For Office Use Only**

Center/Classroom \_\_\_\_\_

Program Option \_\_\_\_\_

Program Year \_\_\_\_\_

### Application for Enrollment

**Applicant (child): Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** M: \_\_\_ F: \_\_\_ **SSN (optional):** \_\_\_\_\_

**Health Insurance:** None: \_\_\_ Medicaid: \_\_\_\_\_ Private: \_\_\_\_\_ Insurance # \_\_\_\_\_

**Hispanic:** Yes: \_\_\_ No: \_\_\_

**Race: (please check):**      Asian          American Indian/Alaska Native          Hawaiian/Pacific Islander  
                                  Black          White          Multi-Racial          Other: \_\_\_\_\_

**Parent/ Guardian #1:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Gender:** M: \_\_\_ F: \_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing if different:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell/Home/Work. Email:** \_\_\_\_\_

**Hispanic:** Yes: \_\_\_ No: \_\_\_

**Race: (please check):**      Asian          American Indian/Alaska Native          Hawaiian/Pacific Islander  
                                  Black          White          Multi-Racial          Other

<p><b>Education Level:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Less than high school graduate</li> <li><input type="radio"/> High school graduate/ GED</li> <li><input type="radio"/> Some college, vocational, or associate degree</li> <li><input type="radio"/> Bachelor degree or advanced</li> </ul> <p><b>Employment Status:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Full time      Part time      Seasonal</li> <li><input type="radio"/> Unemployed      Retired or Disabled</li> <li><input type="radio"/> Job training/School</li> </ul> <p><b>Military:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Active Duty      Former (Veteran)</li> </ul>	<p><b>Relationship to Child:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Biological/Adopted/Step Parent</li> <li><input type="radio"/> Grandchild</li> <li><input type="radio"/> Relative other than grandchild</li> <li><input type="radio"/> Foster</li> <li><input type="radio"/> Other: _____</li> </ul> <p><b>Custody:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes      No</li> <li><input type="radio"/> Guardianship</li> <li><input type="radio"/> DCYF Placement</li> </ul> <p><b>Lives with family:</b>    Yes ___    No ___</p> <p><b>Provides Financial Support:</b>    Yes ___    No ___</p>
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Parent/ Guardian #2: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: M: \_\_\_ F: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing if different: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Home/Work. Email: \_\_\_\_\_

Hispanic: Yes: \_\_\_ No: \_\_\_

Race: (please check): Asian American Indian/Alaska Native Black  
Hawaiian/Pacific Islander White Multi-Racial Other: \_\_\_\_\_

<p><b>Education Level:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Less than high school graduate</li> <li><input type="radio"/> High school graduate/ GED</li> <li><input type="radio"/> Some college, vocational, or associate degree</li> <li><input type="radio"/> Bachelor degree or advanced</li> </ul> <p><b>Employment Status:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Full time</li> <li><input type="radio"/> Part time</li> <li><input type="radio"/> Seasonal</li> <li><input type="radio"/> Unemployed</li> <li><input type="radio"/> Retired or Disabled</li> <li><input type="radio"/> Job training/School</li> </ul> <p><b>Military:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Active Duty</li> <li><input type="radio"/> Former (Veteran)</li> </ul>	<p><b>Relationship to Child:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Biological/Adopted/Step Parent</li> <li><input type="radio"/> Grandchild</li> <li><input type="radio"/> Relative other than grandchild</li> <li><input type="radio"/> Foster</li> <li><input type="radio"/> Other: _____</li> </ul> <p><b>Custody:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Guardianship</li> <li><input type="radio"/> DCYF Placement</li> </ul> <p><b>Lives with family: Yes ___ No ___</b></p> <p><b>Provides Financial Support: Yes ___ No ___</b></p>
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**Additional Household Members**

Name	DOB	Gender	Relationship

**Demographic Information**

# of parents in home: \_\_\_ Primary Language(s) spoken in home: \_\_\_\_\_ Are you learning a language in addition to English: \_\_\_\_\_. Do you require an interpreter? \_\_\_\_\_

**Homeless: Yes No** If homeless, please select which best describes your child’s primary nighttime residence: Temporarily sharing housing of others (family, friends etc) due to loss of housing, economic hardship, or similar reason. Emergency or transitional shelter/Housing. Hotel/Motel. Campground. Other: \_\_\_\_\_

**Referred by DCYF? Yes: \_\_\_ No: \_\_\_ Receiving food stamps? Yes: \_\_\_ No: \_\_\_**  
**On WIC? Yes: \_\_\_ No: \_\_\_**

**Special Concerns**

**Does your child have a special need? Yes: \_\_\_ No: \_\_\_ Suspected: \_\_\_\_\_**

**Speech and language impairment: \_\_\_\_\_ Emotional/ Behavioral disorder: \_\_\_\_\_**

**Health Conditions (describe): \_\_\_\_\_ Medications: \_\_\_\_\_**

**Has your child been evaluated by early supports and services? \_\_\_\_\_**

**Does your child have an IFSP (Individual Family Service Plan) and receive services? \_\_\_\_\_**

**Have you applied to the local school for Special Education Services? \_\_\_\_\_**

**Does your child have an IEP (Individual Education Plan)? \_\_\_\_\_ If yes, which school district? \_\_\_\_\_**

**Were you referred to us by an agency, physician, or program? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_**

**Interested In:**

**Head Start: Part day preschool (no cost).**

**Full day wrap around child care (low cost Concord and Laconia ONLY).**

*Please note families are responsible for transporting children to the center*

**Early Head Start: Home based services (no cost).**

**Center based, full day, low cost child care.**

**Do you receive child care assistance? Yes No Is your child currently in a child care program?**  
**Yes No If Yes, Where? \_\_\_\_\_**

**How did you learn about our Program? \_\_\_\_\_**

**Family Circumstances** *Check all that apply*

	Yes	No		Yes	No		Yes	No
Mental Health Services			Incarcerated parent			2 or more children under age 3		
Disabled family member			Current teen parent			Single parent		
History of substance abuse			Non high school graduate			Does child have a Doctor		
History of domestic violence			New American family			Does child have a Dentist		
DCYF involvement			Non-English speaking			Parent/Guardian in Military		

Any specific family need or crisis? \_\_\_\_\_ If yes, describe \_\_\_\_\_

**Family Income**

Family income must be verified by the Head Start/ Early Head Start program before determining that a child is eligible to participate in the program. Income must include total income from ALL sources for the past 12 months or the previous calendar year (whichever more accurately reflects your current situation). This includes, but is not limited to, child support for other children in the home, cash assistance, employment, Social Security, and TANF. If your family receives SNAP, you need only include that letter. No other proof of income is required.

**Applications cannot be processed until all income verification has been received. Please include these with your application.**

Income by family member	Gross amount (before taxes)	Time period (monthly, weekly, bi-weekly etc)	Source of income (employer, TANF, child support etc)

Income verification type:    Age verification type: \_\_\_ Immunization record. \_\_\_ Birth certificate. \_\_\_ Insurance card with DOB

- TANF or SNAP letter
- Social Security letter
- Tax return or W2 Forms
- Pay stubs for 4 consecutive weeks
- Written statement from employer
- Unemployment information
- Child support information
- Other: \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Total Yearly income:</p> <p>\$ _____</p>
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**Certification:** I hereby certify that the information I have provided on this application is complete to the best of my knowledge and provides a true summary of my income and needs. I understand that I am required to provide documentation or other verification to provide the sources of my income.

\_\_\_\_\_  
*Parent/ Guardian signature*

\_\_\_\_\_  
*Date*

**Assurance of Confidentiality:** The information you provide will help us deliver or direct services most appropriate for your family’s needs. All information will be held in strict confidence.

Return to: The center nearest to you OR Email to [Headstart@capbm.org](mailto:Headstart@capbm.org)

OR mail to: Community Action Program Belknap/Merrimack Counties, Inc  
PO Box 1016  
Concord NH 03302-1016  
Phone: 603-225-3295  
Fax: 603-228-1898

**Program staff interview:**

In person

On telephone due to: \_\_\_\_\_

Staff printed name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Enrollment Staff Certification:** I hereby certify that I have seen and reviewed the income documentation or other forms of verification identified in this application. No information has been intentionally altered or omitted. I understand that actions may be taken which may affect my employment at Belknap-Merrimack Head Start/ Early Head Start for intentionally submitting false information.

*Enrollment Staff Signature* \_\_\_\_\_  
*Date*

*Enrollment staff printed name*

*Second look staff signature* \_\_\_\_\_  
*Date*

Income eligible      Foster Child      Public Assistance      Homeless      Over income

Date waitlisted \_\_\_\_\_ Letter sent \_\_\_\_\_ Date accepted \_\_\_\_\_ Letter sent \_\_\_\_\_