

Belknap-Merrimack Head Start/Early Head Start

ENROLLMENT APPLICATION

FOR OFFICE USE ONLY

Center/Classroom: _____

Program Option: _____

School Year: _____

Applicant (child)

First Name	Last Name	Nickname	Date of Birth	Gender	SSN (optional)
_____	_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	____ - ____ - ____

Race						Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes
<input type="checkbox"/> Other: _____					Country of Origin _____	<input type="checkbox"/> No

Primary Health Coverage	Other Health Coverage	Child's Doctor	Child's Dentist
<input type="checkbox"/> Medicaid # _____	_____	_____	_____
<input type="checkbox"/> Private Insurance # _____	_____	_____	_____
<input type="checkbox"/> No Insurance			

Adult 1 (parent/legal guardian)

First Name	Last Name	Date of Birth	Gender	SSN (optional)
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	____ - ____ - ____

Race						Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes
<input type="checkbox"/> Other: _____					Country of Origin _____	<input type="checkbox"/> No

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Grade 9 or less	<input type="checkbox"/> Full Time	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Grade 12/HS Grad	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster Child		
<input type="checkbox"/> GED	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Other		
<input type="checkbox"/> Some College	<input type="checkbox"/> Part Time & Training			
<input type="checkbox"/> Technical Training	<input type="checkbox"/> Retired or Disabled			
<input type="checkbox"/> Associate's	<input type="checkbox"/> Training/School			
<input type="checkbox"/> Bachelor's				
<input type="checkbox"/> Master's				

Adult 2 (parent/legal guardian)

First Name	Last Name	Date of Birth	Gender	SSN (optional)
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	____ - ____ - ____

Race						Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes
<input type="checkbox"/> Other: _____					Country of Origin _____	<input type="checkbox"/> No

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Grade 9 or less	<input type="checkbox"/> Full Time	<input type="checkbox"/> Natural/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Grade 12/HS Grad	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster Child		
<input type="checkbox"/> GED	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Other		
<input type="checkbox"/> Some College	<input type="checkbox"/> Part Time & Training			
<input type="checkbox"/> Technical Training	<input type="checkbox"/> Retired or Disabled			
<input type="checkbox"/> Associate's	<input type="checkbox"/> Training/School			
<input type="checkbox"/> Bachelor's				
<input type="checkbox"/> Master's				

Additional Children in Household

First Name	Last Name	Date of Birth	Gender	
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

(list on back of application if necessary)

Family Information

Living Address	Address Line 2	Zip	City	State
_____	_____	_____	_____	_____

Mailing Address (if different)	Address Line 2	Zip	City	State
_____	_____	_____	_____	_____

Phone Numbers	Type (check one)	Note (for example, an extension or best time to call)
_____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	_____

Email: _____ Can you transport your child to the Center? Yes No

Parent living outside of the home: _____ Address: _____

# of Parents living in-home	Total # of family members living in home	Homeless Family	Active duty Military	Referred by DCYF	Receiving Food Stamps	WIC
<input type="checkbox"/> One Parent	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Two Parents	_____	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If homeless, please select from the following that which best describes your child's primary nighttime residence:

<input type="checkbox"/> Temporarily sharing the housing of other person(s) (i.e, friends, relatives) due to loss of housing, economic hardship or similar reason	<input type="checkbox"/> Emergency or transitional shelter/housing
	<input type="checkbox"/> Hotel/motel <input type="checkbox"/> Campground
	<input type="checkbox"/> Other _____

Length of time in temporary housing: _____

Primary Language at home

English Spanish Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Nepali)

African Languages (e.g., Swahili, Kirundi) European & Slavic Languages (e.g., German, French, Italian, Croatian, Portuguese, Russian)

East Asian Languages (e.g., Chinese, Vietnamese)

Native Central American, South American & Mexican Languages (e.g., Mixteco, Quichean)

Caribbean Languages (e.g., Haitian-Creole, Patois) Other (e.g., American Sign Language) Specify: _____

Do you require an interpreter? 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 & Services? Yes No

Does your child have an IFSP (Individual Family Service Plan) and receive services? Yes No

Have you applied to your school district for Special Education Services? Yes No

Does your child have an IEP (Individual Education Plan)? Yes No If yes, what school district? _____

Were you referred to the program by an agency, physician, program? Yes No By Whom? _____

Family Circumstances

(please select all that apply)

	Yes	No		Yes	No		Yes	No
Mental Health Services			Incarcerated parent			2 or more children under age 3		
Disabled family member			Teen parent (current)			Single parent		
History of substance abuse			Non-high school graduate			Does child have a doctor		
History of domestic violence			Refugee family			Does child have a dentist		
DCYF involvement			Non-English speaking			Military Family		

Any specific family need or crisis? Yes No If yes, describe: _____

Additional Information

Are you interested in?

Head Start: Part Day Preschool Full Day (includes preschool/subsidized child care available in **Concord** and **Laconia**)

Early Head Start: Home-base Full Day (subsidized child care)

Do you receive a child care subsidy? Yes No

Is your child presently in a child care program? Yes No If yes, where? _____

Are you? employed looking for employment enrolled in a training program
 participating in the NH Employment Program (NHEP) other: _____

How did you learn about our Early Head Start/Head Start programs? _____

Family Income

The 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 the total income from all sources for the family listed below for either the past twelve (12) months or for the previous calendar year. (Whichever more accurately reflects your family's current situation.)

Income by Family Member	Amount Received	Time Period (i.e., per week, month)	Source of Income (i.e., name of employer, TANF, child support, etc.)
A.			
B.			
C.			

Type(s) of income verification:

- W-2 Form(s) Tax return pay stubs (4 weeks)
- Social Security written statement from employer TANF
- Supplemental Security Income (SSI) unemployment information
- child support information other _____

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Total yearly income of family:
\$ _____

**PLEASE INCLUDE PROOF OF INCOME WITH ALL APPLICATIONS.
 APPLICATION CAN ONLY BE PROCESSED WHEN ALL INCOME VERIFICATION IS INCLUDED.**

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 prove the source(s) of my income.

Parent(s)/Guardian Signature

Date

Staff Certification: I hereby certify that I have seen and reviewed the income documentation or other forms of verification identified in this application.

Staff 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.
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Return To: Community Action Program Belknap-Merrimack Counties, Inc.
 PO Box 1016,
 Concord, NH 03302-1016
 Telephone: 603-225-3295

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<input type="checkbox"/> Income Elig		<input type="checkbox"/> Foster Child		Date accepted: _____				Acceptance letter sent: _____			
<input type="checkbox"/> Public Assist		<input type="checkbox"/> Over income		Date wait listed: _____				Wait list letter sent: _____			
<input type="checkbox"/> Homeless		Person making selection (based on Policy Council criteria): _____									
Enrollment Date	Arrival Time	Departure Time	M	T	W	TH	F	Bk	am snack	L	pm snack