

FOR OFFICE USE ONLY	
Center/Classroom:	_____
Program Option:	_____
Program Year:	_____

ENROLLMENT APPLICATION

Applicant (child)

First Name	Last Name	Preferred 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"/> Other: _____					<input type="checkbox"/> Yes
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"/> Other: _____				<input type="checkbox"/> Yes	
Country of Origin _____				<input type="checkbox"/> No	
Education Level	Employment Status	Military	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Less than high school graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Active Duty military	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> High school graduate/GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Former military (Veteran)	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Some college, vocational or Associate Degree	<input type="checkbox"/> Seasonal		<input type="checkbox"/> Relative other than grandchild	<input type="checkbox"/> Guardianship	
<input type="checkbox"/> Bachelor Degree or advanced degree	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Foster Child		
	<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Job Training/School		(specify)		

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"/> Other: _____				<input type="checkbox"/> Yes	
Country of Origin _____				<input type="checkbox"/> No	
Highest Grade Completed	Employment Status	Military	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Less than high school graduate	<input type="checkbox"/> Full Time	<input type="checkbox"/> Active Duty military	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family
<input type="checkbox"/> High school graduate/GED	<input type="checkbox"/> Part Time	<input type="checkbox"/> Former military (Veteran)	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support
<input type="checkbox"/> Some college, vocational or Associate Degree	<input type="checkbox"/> Seasonal		<input type="checkbox"/> Relative other than grandchild	<input type="checkbox"/> Guardianship	
<input type="checkbox"/> Bachelor Degree or advanced degree	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Foster Child		
	<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Other - Specify		
	<input type="checkbox"/> Job Training/School		_____		

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
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Mailing Address (if different)	Address Line 2	Zip	City	State
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Phone Numbers	Type (check one)	Note (for example, an extension or best time to call)
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Cell Home Work Other

Cell Home Work Other

Email: _____

Parent living outside of the home: _____ Address: _____

# of Parents living in-home	Total # of family members living in home	Homeless Family	Referred by DCYF	Receiving Food Stamps	WIC
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<input type="checkbox"/> One Parent	_____	<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

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 (parent/guardian)		

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**)
(Families are responsible for transporting child to the Center)

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

Do you receive child care financial assistance? 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 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	Gross Amount (before taxes)	Time Period (i.e., per week, every 2 weeks, per 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

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 you
OR mail to:
Community Action Program Belknap-Merrimack Counties, Inc.
PO Box 1016,
Concord, NH 03302-1016
Telephone: 603-225-3295

Program Staff Interview:

- In person
- Telephone due to: _____
(reason)

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

Income Elig Foster Child Date accepted: _____ Acceptance letter sent: _____
 Public Assist Over income Date wait listed: _____ Wait list letter sent: _____
 Homeless

Enrollment Date	Arrival Time	Departure Time	M	T	W	TH	F	Bk	am snack	L	pm snack