

**HARCATUS HEAD START
ENROLLMENT APPLICATION**
220 Grant Street, Dennison, Ohio 44621
740-922-0933 800-299-0933

HARCATUS Head Start is a free preschool program that serves families in Harrison, Carroll, and Tuscarawas Counties in a manner that does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, physical or mental handicaps, or disability. Any information disclosed in the application is strictly voluntary and will be kept confidential.

Applicant (Child Applying for Head Start)			
Last	First	Middle	Nickname
Birthday		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Primary Health Coverage		Insurance/Medicaid Number	
		Other Health Coverage <input type="checkbox"/> NO INSURANCE	

Family Information					
Living Address		City	State	Zip	County
Mailing Address (if different)		City	State	Zip	
Home Phone:		Work Phone:			
Cell Phone:		Message Phone:			
Cell Phone:		Other:			
Primary Language spoken at home:		School District in which you live:			

Primary Adult (related by blood, marriage, or adoption and living in the home)			
Last	First	Birthday	Gender
SSN		Race	
		Email Address	
Education <input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> Diploma/GED <input type="checkbox"/> Some College/Vocational or Associates <input type="checkbox"/> Bachelors or Higher			
Employment Status (check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled			
Relationship to Child: Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No US Military: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Secondary Adult (related by blood, marriage, or adoption and living in the home)			
Last	First	Birthday	Gender
SSN		Race	
		Email Address	
Education <input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> Diploma/GED <input type="checkbox"/> Some College/Vocational or Associates <input type="checkbox"/> Bachelors or Higher			
Employment Status (check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled			
Relationship to Child: Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No US Military: <input type="checkbox"/> Yes <input type="checkbox"/> No			

HARCATUS HEAD START

List Other Family Members (living in the home)

First & Last Name	Birthday	Gender	Relationship to Applying Child

Family Income Information

OWF/TANF: <input type="checkbox"/> Yes (currently or in last 12 mo.) <input type="checkbox"/> No		<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Food Stamps	
Family Member Earning Income	Income Source (Job, Unemployment, OWF, Child Support, SSI, etc.)	Amount Received	How Often Received	Annual Amount

Please attach 12 months verification of income (1040 Income Tax Form, W2s, copies of pay stubs, unemployment benefits, or documentation of SSI, OWF/TANF, or child support).

Special Circumstances

Enrollment priority is given to eligible families who have special circumstances. Please check any that apply:

<input type="checkbox"/> Diagnosed Disability	<input type="checkbox"/> Suspected Disability	<input type="checkbox"/> IEP/IFSP	<input type="checkbox"/> Health/Developmental Concerns
<input type="checkbox"/> Emotional/Behavioral Concerns	<input type="checkbox"/> Hearing/Vision Concerns	<input type="checkbox"/> Dental Concerns	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Speech/Language Concerns	<input type="checkbox"/> Military Deployed	<input type="checkbox"/> Disabled Parent	<input type="checkbox"/> Incarcerated Parent
<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Needs Interpreting Services	<input type="checkbox"/> Death of Parent	
<input type="checkbox"/> Child Being Raised by Grandparent	<input type="checkbox"/> Homeless		
<input type="checkbox"/> Sharing Housing due to Economic Hardship	<input type="checkbox"/> Other:		

Transportation Options

Due to the fact that bus routes are limited in time, transportation may not be available to all Head Start families. If the bus route mandates, pick up points will be assigned to families that live in remote areas, and families that live within a 1 mile radius of the center MAY be asked to make their own transportation arrangements. Are you willing/able to provide your own transportation? YES NO

Pick Up Address: _____ Drop Off Address: _____

Certification: I understand that this is an application ONLY and does not guarantee enrollment. I understand that I must keep Head Start informed of any changes of address or phone number. My signature certifies that, to the best of my knowledge, all information on this application is accurate and truthful.

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS COMPLETED ENROLLMENT APPLICATION, ALONG WITH COPIES OF INCOME VERIFICATION, IMMUNIZATION RECORD, AND BIRTH CERTIFICATE TO:

HARCATUS HEAD START, 220 GRANT STREET, DENNISON, OH 44621

Staff Signature: _____ Date _____