Enfield Head Start

BUILDING A FUTURE FOR CHILDREN AND FAMILIES

Thank you for your interest in Enfield Head Start. Attached is the Enrollment Application. Please fill out both pages completely and sign. After completing the Enrollment Application, please send it back along with the following items:

- A copy of your child's birth certificate
- Two copies of proof of Enfield residency (examples include a bill with your address shown, copy of your lease, or driver's license)
- Proof of income. (a copy of your pay stub, tax 1040 form, or state letter)
- A copy of your child's most current physical

We will only accept completed applications. The application will not be complete unless all of the above items are received.

It is also important that the application is filled out completely so we can determine the need of each child and his or her spot on the waiting list.

If you need further assistance, or have any questions regarding enrollment please contact one of the following Head Start Family Advocates.

Thank You

Maria Burrows: 860-253-6469

Kristen Pomeroy: 860-253-6471

Myles Walsh: 860-253-6596

1270 Enfield Street • Enfield, Connecticut 06082
Phone: (860) 253-6470 • Fax: (860) 253-6472

ENFIELD HEAD START
1270 Enfield Street, Enfield, CT 06082 860 253 6470
Enrollment Application Page 1

Date_____
Child's legal name (must match name on birth certificate)
Last_____ First_____ Nickname (if any)_____ Date of Birth__/__/____
Mother and/or Father/ Guardian_____
Who does child live with? ___ Mother ___ Father ___ Both ___ Guardian Marital Status: M S D W
Address_____ Phone # ( ) _____
How long have you lived in Enfield? _____ Where did you reside prior? _____
Country of Origin _____ Race ____ Sex F / M
Languages spoken in home _____ If foster child, name of state worker_____
Is there a surrogate parent assigned? _____ Name _____

Household Information

Number of persons in the home _____

Adult(s) name	Relationship to child	Date of Birth	Sex	Last year of school	Occupation
_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____

Children in Home

_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____
_____	_____	__/__/____	M/F	_____	_____

Has your child been diagnosed with a disability or received services from Birth to Three? If yes, what was the diagnosis, and when we're services received? _____
Does any person listed above have any health problems? _____ Describe _____
Referred to program? ____ By Whom? _____ Has your child had any pre-school or childcare experience? Yes/No
If yes, where & what year._____ Have you had any children the Head Start program in the past? Yes/No
If yes, who and what year? _____ Are you receiving any state benefits? If Yes, What benefits are you receiving? _____Are there any specific family needs or crisis?_____
If yes, please describe. _____

Income: List by family member:

Family Member	**Amount received**	**weekly, monthly, yearly**	**Source**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total yearly income by family $_____ Verified by (staff member) _____
Type of verification _____

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency.

Signature of parent or guardian _____ Date _____
Signature of staff member _____ Date _____

September 13, 2012

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Emergency Information

Child's Name _____ Date of Birth _____

Emergency contacts

Parent/Guardian to be contacted in case of emergency

Name _____ Home phone _____ Work phone _____ Cell phone _____

We must have at least two other current and local numbers on file at all times. We must be able to call if we are unable to reach you in an emergency or if your child is sick.(If the child's father will be picking him up from school, please add him to the list)

Name _____
Address _____
Home phone _____
Work phone _____
Cell phone _____
Relationship to child _____

Name _____
Address _____
Home phone _____
Work phone _____
Cell phone _____
Relationship to child _____

Release Child To

I understand that I and/or the below person(s) (children thirteen years of age or older) MUST meet my child at the bus stop. The child WILL NOT be allowed off the bus if I am not there to meet him/her. All unsupervised children will be returned to Head Start. (Please notify us when changes are made to these names.)

Name _____ Name _____
Name _____ Name _____

* RESTRICTIONS *

Please list here the names of any individuals who are not allowed to have contact with your child while he/she is enroute to/from school or at school. We must have legal documentation on file. i.e.: Divorce decree, restraining order, protective order, etc. _____

Photograph / Videotape release

I authorize Head Start to photograph and videotape my child, this may also include press photos.
Yes ____ No ___

Medical Information

Name, address and phone number of doctor _____
Name, address and phone number of dentist _____
Insurance _____ Medical ID number _____
Are immunizations up to date? Yes ___ No ___
Any medications taken regularly or often? Yes ___ No ___ If yes please list. _____

Conditions to be noted in an emergency

Severe Asthma ___ Diabetes ___ Seizures/ Convulsions ___ Insect Allergies ___ Medication Allergies ___
Food Allergies ___ Other _____

Does child have any disabilities? Yes ____ No ____ If yes, please describe. _____
(Including speech, OT, PT needs)
Diagnosed by _____ Date of diagnosis _____ Diagnosis _____

I understand that I will be notified as soon as possible in the event of an emergency. I give my permission for emergency treatment to be administered. I give permission, in the event of a serious illness or accident, for my child to be transported to the nearest medical facility.

Signature of Parent/Guardian _____ Date _____