

Early Childhood Education Department
535 East Main Street
Somerset, PA 15501
814-445-9628 or 800-452-0148
Fax: 814-445-8924

**Enrollment Application
2010-2011**

Saw Birth Certificate
YES NO
Need additional information
YES NO
Office use only
Head Start PRE K

Child Information

Child's Name: (Last) _____ (First) _____ (MI) _____

Child's Birthdate: _____ Child's Age: _____ Sex: Female / Male

Child's Address: _____

City _____ State _____ Zip _____

Phone() _____ (circle) Home Work Message Cell () _____

Child resides with: Mother, Father, Stepmother, Stepfather, Live In, Grandmother, Grandfather, Foster parents, Other
Number of persons in family _____ Number of persons in household _____

Family Information

Father's Birthdate:

Father's Marital Status: Single Married Separated Divorced Remarried Widowed Living Together

Natural Father's Name: (First) _____ (Last) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone() _____ (circle) Home Work Message Cell () _____ (Occupation) _____

Mother's Birthdate:

Mother's Marital Status: Single Married Separated Divorced Remarried Widowed Living Together

Natural Mother's Name:
(First) _____ (Maiden) _____ (Last) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone() _____ (circle) Home Work Message Cell () _____ (Occupation) _____

Live-in/Stepparent/Guardian's Name:(First) _____ (Last) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone() _____ (circle) Home Work Message Cell () _____ (Occupation) _____

Specific Location (directions to your child's home) _____

Recruiter/Person handing out application: _____ Date: _____

Emergency/Household Information

Emergency Numbers (other than your home or cell)

1. _____ 2. _____
Name & phone number Name & phone number

List other children in household: (First)_____ (Last)_____ (Age)_____
(First)_____ (Last)_____ (Age)_____
(First)_____ (Last)_____ (Age)_____
(First)_____ (Last)_____ (Age)_____

List household members other than natural parents & children: _____

Other Information

Medical source provider: (circle) Access Access Plus Med Plus Gateway UPMC Blue Chip Unison Private Ins. _____

Med. Insurance for child - recipient# _____

Are you receiving or did you receive any of the following from the assistance office within the past 12 months?

Cash Assistance? No/Yes

Food Stamps? No/Yes

Food Stamp Number-600-_____

Questions

How did you hear about Head Start/PA Pre-K Counts?

Was the child referred to Head Start/PA Pre-K Counts by another area agency?

NO YES (if yes, by whom)

Is your child at a sitter/daycare? When & Where

Is your child currently being served by another program? NO YES -give program, date, & reason

Has your child ever been served by Early Intervention, IUO8, Easter Seals, etc.? NO YES(give program, date & reason)

Does your child have a documented disability, a special need, a delay, is being / has been seen by a specialist (doctor, therapist, etc.) for any reason? NO / YES-give condition, date, & address

When selecting families, Head Start/PA Pre-K Counts may take into consideration needs or special situations affecting families. Is there anything you want the program to be aware of? (use additional paper if needed)

I certify that this information is true. I also understand that the information in this application will be held in strict confidence & may be shared within the Community Action Partnership for Somerset County.

Parent or Guardian (s) Signature: _____ Date: _____

Verifying Head Start/PA Pre-K Counts Staff's Signature: : _____ Date: _____

Income Verification

Child's Name: _____ Child's Address: _____

Source of income: Check those that apply to your family situation in 2009 or prior 12 months. Submit proof of your checked "yes" boxes for the total gross amount. Applications cannot be processed without your income verification

Doesn't Apply	Yes	No	Check all that apply	Totals
			Federal income tax for 2009 <small>(circle one) Filed Jointly Filed Single</small>	Total gross amount for yr. \$ _____
			Wages/paystubs	Total gross amount for 12 months \$ _____
			W-2 forms for all employment in 2009	Father's gross earnings \$ _____ Mother's gross earnings \$ _____
			Social Security	For whom _____ \$ _____ Monthly Amt.
			Social Security Disability (SSD)	For whom _____ \$ _____ Monthly Amt.
			Supplemental Security Income (SSI)	For whom _____ \$ _____ Monthly Amt.
			Cash Assistance	For whom _____ What months _____ \$ _____ Amount.
			Child Support	For whom _____ What months _____ \$ _____
			Fosterchild care rate	\$ _____ For whom _____ Daily rate
			Pension	\$ _____ For whom _____ Monthly Amount
			Workman's Compensation	\$ _____ _____ Weekly/yearly amount When to when
			Unemployment Compensation	For whom _____ \$ _____ Monthly Amt.
			Veterans Benefits	For whom _____ \$ _____ Monthly Amt.
			Military Benefits	For whom _____ \$ _____ Monthly Amt.
			Any Grants/scholarship for Continuing Education <small>(amount of post high school training money for 2009)</small>	\$ _____
			Any other source of income <small>(trust fund, settlement, rental property, winnings, etc.)</small>	\$ _____

This total gross income for 2009 or a 12 month period is _____

This income was earned from: (month/yr) _____ to _____ (month/yr)

I certify that this information is true and correct.

Parent or Guardian (s) Signature: _____ Date: _____

Verifying Early Childhood Education Staff Signature: _____ Date: _____

Eligibility Status **OFFICE ONLY**

Child's Name: _____ Child's Birthdate: _____

Child's Address: _____

Applicant's center choice: _____

The following sources of income were seen in order to verify the child's application.

- Wages/Paystubs Federal Income tax form 2009
- Birth Certificate
- W2 forms for all employment in 2009 Social Security/SSD/SSI
- Received Cash Assistance Child Support Military Spousal Support
- Fosterchild Care Rate Pension Workman's Compensation
- Unemployment Compensation Veteran's Benefits
- Any grant Scholarship to attend college/post high school training money for 2009
- Other income list source: _____

This income was earned from: _____ to _____
month/year month/year

Eligible by : Check those that apply

RETURNER

- Age 4 by districts kindergarten cutoff Below income guidelines, accepted
- Age 3 by districts kindergarten cutoff date Below income guidelines, waiting list
- SSI in household
- Over income guidelines, accepted
- Over income guidelines, not accepted
- TANF recipient
- Need more information to process
- Family informed more information needed Other: _____

Total Points Earned: _____

Date child was notified of **selection** : _____ Date child was notified of **non-selection** : _____

Early Childhood Education Staff Signature verifying income: _____
(Signature) (Date)

Determined Eligible by : _____ Date: _____

To be filed in child's folder