



Helping People. Changing Lives.

535 East Main Street
Somerset, PA 15501
814-445-9628 ~ 800-452-0148
FAX 814-445-8924



Dear Parent/Guardian,

Thank you for your interest in the Somerset County Early Childhood Education Department (ECED) programs. We serve pregnant women, infants, and toddlers in our **Early Head Start program**. Expectant moms and babies/toddlers receive weekly home visits and have two playdates a month.

We serve preschoolers up to kindergarten age in **Head Start** and **Pre-K Counts** classrooms. Throughout the county, the classrooms operate part-day or full-day, four or five days a week. Most classrooms are located in school district buildings and we follow their school calendar. Transportation is available in some Head Start areas. Meals and snacks are provided.

Pre-K Counts, Head Start and Early Head Start applicants must meet income guidelines for a twelve month period. **Head Start** and **Early Head Start** families are automatically eligible if they receive cash assistance. Foster and homeless children are automatically eligible. SSI monthly benefits must be verified and included in the family's total income for the year. We also offer services through our **Family Center**. Resources are abundant in the multiple locations in which the Family Center operates. All families can qualify, as there is no income requirements or guidelines.

FOR EXAMPLE	Early Head Start Prenatal – age 3	Preschool Classrooms Age 3 and 4	Family Center Prenatal - age 5
Families of 4 people	\$31,980	up to \$73,800	No income eligibility requirements

To apply for **Pre-K Counts, Head Start or Early Head Start** ~

1. Please **submit this application** within 2 weeks of receiving it or as soon as possible **with a copy of your 2016 income tax form (1040) or a twelve month gross proof of income from the date of the application**. Review the last sheet of this application to make sure you have provided all income your family receives. The application cannot be processed until the proof of income is verified.
2. **Provide proof of birth date, such as a birth certificate or doctor's record report** when completing your application. The application also cannot be processed without proof of birth date.

After your application is received, a selection process occurs which includes a rating scale. Those applicants with the highest points are enrolled first. The remainder of those eligible are placed on a waiting list to be enrolled when an opening occurs.

You will be informed by phone or mail about your application in the summer or after we receive your application. Please keep us informed if you have an address or phone number change. If you need help in completing this application or have questions, please call our office at the above phone number.

Respectfully,

Anne Garrison, ECED Director

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

OFFICE USE
HS 2017-18 PRE-K

EHS _____ FC

- Saw Birth Certificate
- Additional info needed
- Interview conducted PHONE or IN-PERSON

Child Information

Child's Name: First _____ Last _____ M _____

Sex: M / F

Birthdate: _____

Age: _____

Child resides with: Mother, Father, Stepmother, Stepfather, Live In, Grandmother, Grandfather, Foster parents Other _____

Parent/Guardian Information

Marital Status Parent/Guardians: Single Married Separated Divorced Remarried Widowed Living Together

Parent/Guardian First _____ Last _____ (Maiden) _____

Birthdate: _____ Sex: M / F - *If female-are you pregnant: No/ Yes- Due date:* _____

High School Diploma/GED: Yes / No College or Technical School: Yes / No Occupation: _____

Parent/Guardian First _____ Last _____ (Maiden) _____

Birthdate: _____ Sex: M / F - *If female-are you pregnant: No/ Yes- Due date:* _____

High School Diploma/GED: Yes / No College or Technical School: Yes / No Occupation: _____

Child's Natural Parent's Name if Different from above: _____

Primary Address of Family

Address: _____ City _____ State: _____ Zip: _____

Primary Phone: _____ Home/Cell -Texting Allowed? Yes / No

Primary Phone: _____ Home/Cell -Texting Allowed? Yes / No

Primary Email: _____

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

Household Information

List other children in household first & last name:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Emergency Numbers (other than your home or cell) *Must List someone.

Name: _____ Phone: _____ Name: _____ Phone: _____

Recruiter/Person handing out application: _____ Date: _____

Other information

Does your child have a documented disability, a special need/concern, a delay, is being or has been seen by a specialist (doctor, therapist, etc.) for any reason?

Doctor/Specialist		Therapist		IU-O8		Early Intervention		Easter Seals		TSS/BSC	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Was this a "high risk" pregnancy or any problems at birth? (mom or child) If yes, explain	Yes	No
Was the child premature?	Yes	No
Did the child have a low birth weight?	Yes	No
Is the child being raised by someone other than natural parent?	Yes	No
Are there documented postpartum/depression issues?	Yes	No
Is this your first child?	Yes	No
Was the child referred to our program?	Yes	No
Is this child currently enrolled in Early Head Start?	Yes	No
Is this a foster child?	Yes	No
Is a natural parent in jail/prison?	Yes	No
Do you have 3 or more children under age of 5	Yes	No

Please circle yes or no to anything that applies to family within the past year

Cash Assistance	Yes	No
Food Stamps: (last 4 digits) ____ ____ ____ ____	Yes	No
Medical Assistance	Yes	No
Receiving services from CYS	Yes	No
Substance/Drug Abuse	Yes	No
IEP/IFSP	Yes	No
Homeless	Yes	No
SSI	Yes	No
Military deployment	Yes	No
Domestic violence	Yes	No
Teen mother	Yes	No
Loss of employment	Yes	No
Bankruptcy	Yes	No
Death of an immediate family member	Yes	No
Major illness or accident	Yes	No

Head Start /Pre-K Children only

In what school district do you currently reside:
If my child is enrolled: (Limited transportation offered)
<input type="checkbox"/> I have no transportation
<input type="checkbox"/> If need be I can transport to and from the center
<input type="checkbox"/> I can meet the bus at a designated stop for pick up/drop off.
<input type="checkbox"/> Is your child at a sitter/day care? Where & When

How did you hear about our program?

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

Verifying Early Childhood Education Staff Signature: _____ **Date:** _____

Income Verification

Source of income: Check those that apply to your family situation in 2016 or prior 12 months. Submit proof of your checked "yes" boxes for the total gross amount. Applications cannot be processed without your income verification.

Child's Name: _____ # people in family: _____ # of people in household _____

Yes	No	Check all that apply	Totals
Yes	No	1040 Federal income tax for 2016 <small>(circle one) Filed Jointly Filed Single</small>	Total gross amount for yr. \$ _____
Yes	No	W-2 forms for all employment in 2016 (if income tax form not available)	Father's gross earnings \$ _____ Mother's gross earnings \$ _____
Yes	No	Supplemental Security Income (SSI)	For whom _____ \$ _____ Monthly Amt.
Yes	No	Cash Assistance	For whom _____ What months _____ \$ _____ Amount.
Yes	No	Foster child care rate	\$ _____ For whom _____ Daily rate
Yes	No	Social Security	For whom _____ \$ _____ Monthly Amt.
Yes	No	Social Security Disability (SSD)	For whom _____ \$ _____ Monthly Amt.
Yes	No	Child Support Received	For whom _____ \$ _____ Monthly Amt.
Yes	No	Wages/paystubs	Total gross amount for 12 months \$ _____
Yes	No	Pension	\$ _____ For whom _____ Monthly Amount
Yes	No	Workman's Compensation	\$ _____ Weekly/yearly amount _____ When to when
Yes	No	Unemployment Compensation	For whom _____ \$ _____ Monthly Amt.
Yes	No	Veterans Benefits	For whom _____ \$ _____ Monthly Amt.
Yes	No	Military Benefits	For whom _____ \$ _____ Monthly Amt.
Yes	No	Any Grants/Scholarship for Continuing Education <small>(amount of post high school training money for 2016)</small>	\$ _____
Yes	No	Any other source of income <small>(trust fund, settlement, rental property, winnings, interest on bank account etc.)</small>	\$ _____
Yes	No	Do you pay Child Support	For whom _____ \$ _____ Monthly Amt.

This total gross income for 2016 or a 12 month period is -

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

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. Failure to be truthful in verification could result in disqualification of application or dismissal of employee.

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

Verifying Early Childhood Education Staff Signature: _____ **Date:** _____