



HEADSTART/EARLY HEAD START

2008-2009

ENROLLMENT APPLICATION

Child's Legal Last Name	Child's First Name	M.I.	Preferred / Nickname	Application Date
Child's Birthday (month / day / year)		Language : Primary		Language : Secondary
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	School District	If my child does not qualify for Head Start, I give my permission to have my application forwarded to the Great Start Program <input type="checkbox"/> YES <input type="checkbox"/> NO		
I am applying for: <input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start Home Base <input type="checkbox"/> Full Day Head Start or <input type="checkbox"/> Full Day Early Head Start (full day for working parent/s)				
How did you hear about this program?		Is your child transitioning from Early Head Start or Early On?		
How many times have you moved in the past 3 years?		Are you homeless or living in a shelter?		

ADDRESS			
Living Address: Street / Apartment	City / State / Zip	County	Phone Number
Mailing Address (if different) : Street / Apartment	City / State / Zip	County	Phone Number

HOUSEHOLD INFORMATION									
Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Primary Language	High School Grad? Yes No	Employed? Yes No	
Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Primary Language	High School Grad? Yes No	Employed? Yes No	
Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Primary Language	High School Grad? Yes No	Employed? Yes No	
Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Primary Language	High School Grad? Yes No	Employed? Yes No	
Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Primary Language	High School Grad? Yes No	Employed? Yes No	
Last Name	First Name	M.I.	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Primary Language	High School Grad? Yes No	Employed? Yes No	
TOTAL NUMBER IN HOUSEHOLD		(PREVIOUS 12 MONTHS OR YEAR 2007 INCOME \$ PROOF OF 12 MO. INCOME MUST BE ATTACHED IN ORDER TO PROCESS APPLICATION							

TRANSPORTATION INFORMATION (IF TRANSPORTATION IS AVAILABLE)			
Pick Up Location <input type="checkbox"/> Home <input type="checkbox"/> Sitter	If Sitter, Name :	Address	Phone
Drop Off Location <input type="checkbox"/> Home <input type="checkbox"/> Sitter	If Sitter, Name :	Address	Phone

IF I CANNOT BE REACHED, PLEASE CONTACT:		
CONTACT #1		
Name	Phone Number	Relationship to Child
Address		City / State / Zip
CONTACT #2		
Name	Phone Number	Relationship to Child
Address		City / State / Zip

FAMILY INCOME					TYPE OF PROOF ATTACHED
Name	Source	Amount \$	Per	Annual Amount \$	Description
Name	Source	Amount \$	Per	Annual Amount \$	Description
Check box if family is receiving any of the following services: <input type="checkbox"/> MDHS Child Care Reimbursements <input type="checkbox"/> SSI <input type="checkbox"/> FIP Payments <input type="checkbox"/> Work First <input type="checkbox"/> Child is a Foster Child					NOTE: Proof of any of these services may be attached to be income eligible.

HEALTH COVERAGE

Medicaid Eligibility Status : <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Potentially <input type="checkbox"/> Formerly		Medicaid Number	
Other Primary Healthcare		Insurance Number	
MEDICAL DIAGNOSIS		Any Prescribed medications? <input type="checkbox"/> No <input type="checkbox"/> Yes (detail)	
Diagnosed Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes	Diagnosed Allergies (e.g. Peanut Butter, dairy, bee sting ...) <input type="checkbox"/> No <input type="checkbox"/> Yes (detail)	Medical Concern(s), please specify <input type="checkbox"/> No <input type="checkbox"/> Yes (detail)	
FAMILY DOCTOR			
Medical Center		Phone	Doctor
Address	City	State	Zip Code
			Date of Last Well Child Exam
FAMILY DENTIST			
Dental Center		Phone	Dentist
Address	City	State	Zip Code
			Date of Last Dental Exam
SPECIAL EDUCATION SERVICES			
<input type="checkbox"/> None <input type="checkbox"/> Diagnosed (Please Provide IEP) <input type="checkbox"/> Suspected / Concern :		Evaluated By:	
I hereby release this information to be shared by Child Development Services of Ottawa County, Inc. (Head Start) and the school district indicated above. Yes/ No			
Signature of Parent / Guardian :			Date:
APPLICATION MUST BE SIGNED & DATED IN ORDER TO BE PROCESSED!			

We will contact you by post card, within the next 2 weeks, to let you know whether or not your child has qualified for our program.

We will start selecting the highest priority children from the qualifying Head Start applications in April for the fall school year which begins in mid September.

Please note: we select families based on the highest priority, not first come, first served. We will mail out acceptance letters with physical & dental forms in July. If you do not receive a letter regarding enrollment by the end of July, then your child is on the Wait List and you will be contacted as soon there is an opening.

CHILD DEVELOPMENT SERVICES PROGRAM OPTION DESCRIPTIONS

Half-Day Center Based Head Start: Offered Mondays through Thursdays during the school year for 3-5 year olds. Morning or afternoon sessions are available lasting 3 1/2 hours each. Bussing is provided as long as the family is in the designated bus route. Each week the areas of Health, Nutrition, Science and Social Skills are touched upon. On a normal day children are offered circle time, language activities, free play and small group activities. A meal and a snack are provided for each session. Field trips are also offered. Half-day center based Head Start is offered in the Holland, Lamont and Grand Haven area at 5 of our centers.

Full Day Head Start: This program is for families in need of childcare services beyond the traditional half-day center based Head Start schedule. This program is for families with working parent(s) who require 6 or more hours of care for their child/children per day, 5 days per week and 12 months per year and qualify by the Head Start guidelines. Head Start pays for the first portion of the day and Mich. Dept. of Human Services or the family is responsible for paying for the last portion. Full Day Head Start is offered in Holland & West Olive at 3 of our centers.

Full Day Early Head Start: This program is the same as the Full Day Head Start program listed above but for children ages 6 weeks to 3 years. The children's teacher will set up a variety of activities to help them learn new skills. This program option is offered Monday - Friday, from 6:30 a.m. - 5:30 p.m. in both Holland and West Olive at 3 of our centers.

Early Head Start Home Based: Children must be 0-3 for this program option. Weekly home visits lasting 1 1/2 hours focus on helping the parent enjoy their role as parent, developing skills necessary to enhance their child's development, obtaining needed health and social services as well as day to day concerns. Parents and children are offered a biweekly socialization experience. This program is year-round and offered throughout Ottawa County.

*All families in the above programs have Family Services Advocates who are available to try to help the family set and work on goals, get needed resources, lead parent meetings, offer at least 2 or 3 home visits per year, inform parents of upcoming trainings, etc.

*Head Start and Early Head Start are free for those who qualify (with the exception of the Full Day options). Families can qualify by income (100% of poverty), receiving services through TANF funds, receiving SSI, foster children and having special needs.

Child Care: Child care for children 6 weeks to 5 years is offered at our Holland Day Care, Washington Elementary School & West Olive centers. Call the center for a fee schedule. Child care scholarships are available on a limited basis.

HEAD START INCOME GUIDELINES FOR 2008-2009

FAMILY SIZE	INCOME
1	\$10,400
2	14,000
3	17,600
4	21,200
5	24,800
6	28,400
7	32,000

For each additional person, add \$3,600.

Child Development Services of Ottawa County, Inc.
100 S. Pine St., Suite 220, Zeeland, MI 49464 ~ (616) 786-0736 or 1-800-613-7013 ~ Fax (616) 796-3284