



HEAD START/ EARLY HEAD START

2010-2011

ENROLLMENT APPLICATION

Child's Legal Last Name	Child's First Name	M.I.	Preferred / Nickname	Application Date
Child's Birthday (month / day / year)	Can you speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Language : Primary		Language : Secondary
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	If my child does not qualify for Head Start, I give my permission to have my application forwarded to the Great Start Readiness 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"/> EHS Combo Program <input type="checkbox"/> Full Day Head Start <input type="checkbox"/> Full Day Early Head Start <small>(part center based/part home based) (full day for working parent/s) (full day for working parent/s)</small>				
How did you hear about this program?		My child is transitioning from Early Head Start? <input type="checkbox"/>	Do you have a disability?	
		My child is transitioning from Early On? <input type="checkbox"/>		
How many times have you moved in the past year?	Is either parent incarcerated?	Are you living in a shelter?	Do you have a fixed, regular & adequate nighttime residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Have you been homeless in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has child lost a parent or sibling due to death?	Has child been abused/CPS involved?	Do you have a chronically ill family member?	Are you a recent immigrant/refugee?	Do you have a current/history of domestic violence?
Substance abuse/addiction?				

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 to Child	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 to Child	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 to Child	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 to Child	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 to Child	Primary Language	High School Grad? Yes No	Employed? Yes No
TOTAL # IN HOUSEHOLD	PREVIOUS 12 MONTHS OR YEAR 2009 INCOME \$		NOTE: PROOF OF INCOME MUST BE ATTACHED! <small>(I.E. A COPY OF YOUR 2009 TAX RETURN, W2s, VERIFICATION OF CHILD SUPPORT, UNEMPLOYMENT AND/OR DISABILITY INCOME)</small>					

Check box if family is receiving any of the following services:
 MDHS Child Care Reimbursements
 SSI
 FIP Payments
 Work First
 Child is a Foster Child
Note: Verification of any of these services automatically makes you income eligible.

FAMILY INCOME					
Name	Source:	Amount: \$	Per	Annual Amount \$	Description
Name	Source:	Amount \$	Per	Annual Amount \$	Description

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
What School District do you live in?		Are you willing to Self Transport? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

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 (<i>Please Provide IEP</i>) <input type="checkbox"/> Suspected / Concern :		Evaluated By:	
I hereby release this information to be shared by CDS Lakeshore Head Start and the school district indicated above. Yes No			
<u>NOTE: APPLICATION MUST BE SIGNED IN ORDER TO BE PROCESSED</u>			
Signature of Parent/Guardian:		Date:	

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. Please note: we select families based on the highest priority, not first come, first served.

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 ½ 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 Holland, Grand Haven, Zeeland and Lamont 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) or parents who are in school 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 at Hope Center and Tech Center.

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, at our Hope and Tech Center sites.

Early Head Start Home Based: Children must be 0-3 for this program option. Weekly home visits lasting 1 ½ 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.

Early Head Start Combination: Combination Center & Home Based Early Head Start. Children must be 0-3 for this program option. Morning sessions twice a week lasting 3.5 hours each and home visits twice a month lasting 1.5 hours each. This program is year-round & offered in the Holland area. The child's teacher will set up a variety of activities to help them learn new skills while at the center. Home visits will focus on helping the parent enjoy their role as parent, developing skills necessary to enhance their child's development, obtaining needed health & social services, as well as day to day concerns. Bussing is not available in this program option.

Child Care: Child care for children 6 weeks to 5 years is offered at Hope and the Tech Center. Call the center for a fee schedule. Child care scholarships are available on a limited basis.

HEAD START INCOME GUIDELINES FOR 2010-2011	
<u>FAMILY SIZE</u>	<u>INCOME</u>
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
For each additional person add \$3,740	