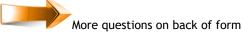


## Jackson-Vinton Community Action Head Start ENROLLMENT APPLICATION 320 W. South St. Jackson, OH 45640 (740) 286-8441 or 1-866-471-4455

Fax: 1-740-286-0803

It is the responsibility of Head Start personnel to maintain confidentiality and protect the privacy of Head Start children and families. Head Start parents also have the right to review child and family records and to request an explanation for information in those records as well as how it is used.

Child's full name		Sex: M F Age:				
Child's Address						
What language does your child speak fluently?			City imary languag	Zip se family spea	Cou aks?	
Birth Date	th Date Race			y #		_
Mother/Guardian name		Phone #_		DOB _	(required)	Race
Mother/Guardian Address					(required)	
(If different from child)		City		Zip		County
Highest grade mother complete	ed in school:					
Father/Guardian name		Phone #_		DOB _		Race
				(required		)
Father/Guardian Address (If different from child)		City		Zip		County
Highest grade father complete	ed in school:					
List other children (under age	21) in the home:					
Name	DOB		Name ———————		DOB	_
						_ _
Total Number Living in House	nold	Single Pa	rent Househol	ld? Y N		
Employment Complete this	section for parent (s) living	in home wit	h child.			
Is mother employed or attend (Circle all that apply) Military		ıll-Time Er	nployed Part- <sup>-</sup>	Time Uner	nployed	Attending School
Is father employed or attendin (Circle all that apply) Military		ıll-Time Er	mployed Part- <sup>-</sup>	Time Uner	nployed	Attending School



Health Provider Information						
Please circle which applies:	Medicaid/EPSDT C	are Source	Molina	United Hea	alth Care	
	No Insurance	Private In	surance			
Is this a foster child? Y N	ls	s your family rece	iving cash ass	sistance? Y	N	
Is your family homeless? Y N	D	o you need assist	ance with ho	using? Y	N	
Who does the child live with?	MomDad	Other please e	xplain:			_
Do you receive food stamps? Y	N Do you rec	ceive WIC? Y	N			
Voluntary Child Information						
Please list any disability or specia	l need of your child $\_$					
Is this special need or disability of	ocumented by a phys	ician or therapist	? Y N			
If yes, please give us the name of	the physician or ther	rapist				
Does your child have an IEP throu	gh a school system?	Y N				
If yes, please name the school sy	tem					
Additional information you would	like for us to know _					
I hereby make application for my accept the Center Based option a correct.	childccording to availabilit	ty. I also confirm	to be enrolle that the info	ed in the Head s ormation conta	Start prograr ined on this f	n and agree to orm is true and
accept the Center Based option a	ccording to availabilit	ty. I also confirm	that the info	d in the Head sormation conta	ined on this f	n and agree to form is true and
accept the Center Based option a correct.	uardian)  ll not be considered co, W-2, Income tax for statement from em	ty. I also confirm complete until we orm, proof of cash nployer, foster can	Date have your properties of the properties of t	roof of income,	ined on this f	orm is true and include one of upport,
accept the Center Based option a correct.  Signature	lardian)  Il not be considered on, W-2, Income tax for statement from emotify:	complete until we orm, proof of cash nployer, foster ca	Date have your properties of the properties of t	roof of income,	ined on this f	orm is true and include one of upport,
accept the Center Based option a correct.  Signature	lardian)  Il not be considered on, W-2, Income tax for statement from emotify:	complete until we orm, proof of cash nployer, foster ca	Date have your properties of the properties of t	roof of income,	mentation or	include one of apport, Zero Income
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accept the Center Based option a correct.  Signature	over/Provider of service	complete until we orm, proof of cash nployer, foster can	Date  Phave your properties assistance for reimburser	roof of income, rom ODJFS, pronent, SSI docur	which may of of child somentation or Head Sta	include one of apport, Zero Income
accept the Center Based option a correct.  Signature	over/Provider of service	complete until we orm, proof of cash aployer, foster can find the control of the	Date  Phave your properties assistance for reimburser	roof of income, rom ODJFS, pronent, SSI docur	which may of of child somentation or Head Sta	include one of apport, Zero Income