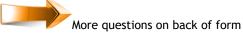


## Jackson-Vinton Community Action Head Start ENROLLMENT APPLICATION 320 W. South St. Jackson, OH 45640 (740) 286-8441 or 1-866-471-4455

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	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		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	
Father/Guardian Address				(required)		)	
(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 Care	Source Molina	u United F	lealth Care	
	No Insurance	Private Insurance			
Is this a foster child? Y N	ls yo	ur family receiving ca	sh assistance? Y	N	
Is your family homeless? Y N	Do ye	ou need assistance wi	th housing? Y	N	
Who does the child live with?	MomDad0	Other please explain:_			_
Do you receive food stamps? Y	N Do you receiv	e WIC? Y N			
<u>Voluntary Child Information</u>					
Please list any disability or specia	l need of your child				
Is this special need or disability of	ocumented by a physicia	n or therapist? Y	1		
If yes, please give us the name of	the physician or therapi	st			
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.	child ccording to availability.	, to be ended also confirm that the	nrolled in the Hea e information con	d Start prograr tained on this 1	n and agree to form is true and
accept the Center Based option a	ccording to availability.	I also confirm that the	nrolled in the Hea e information con Date	tained on this 1	n and agree to form is true and
accept the Center Based option a correct.	ardian)  Il not be considered com  O, W-2, Income tax form,  n statement from emplo	I also confirm that the plete until we have yo proof of cash assistan yer, foster care reimb	Date  Dur proof of inconnce from ODJFS, pursement, SSI door	tained on this f	form is true and include one of upport,
accept the Center Based option a correct.  Signature	ardian)  Il not be considered com  o, W-2, Income tax form,  n statement from emplo	I also confirm that the plete until we have you proof of cash assistanger, foster care reimb	Date	tained on this f	form is true and include one of upport,
accept the Center Based option a correct.  Signature	ardian)  Il not be considered com  o, W-2, Income tax form,  n statement from emplo	I also confirm that the plete until we have you proof of cash assistanger, foster care reimb	Date	ne, which may proof of child sicumentation or	include one of apport, Zero Income
accept the Center Based option a correct.  Signature	ardian)  Il not be considered come, W-2, Income tax form, a statement from emplo	I also confirm that the plete until we have you proof of cash assistanger, foster care reimb	Date	ne, which may proof of child sicumentation or	form is true and include one of upport,
accept the Center Based option a correct.  Signature	ardian)  Il not be considered come, W-2, Income tax form, in statement from emploart?	plete until we have you proof of cash assistant yer, foster care reimb	Date	ne, which may proof of child sicumentation or	include one of apport, Zero Income
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accept the Center Based option a correct.  Signature	ardian)  Il not be considered come, W-2, Income tax form, in statement from emploit?  Exercise Services of Services.	plete until we have you proof of cash assistant yer, foster care reimb	Date	ne, which may proof of child sicumentation or	include one of upport, Zero Income
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