



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 \_\_\_\_\_

City Zip County  
What language does your child speak fluently? \_\_\_\_\_ Primary language family speaks? \_\_\_\_\_

Birth Date \_\_\_\_\_ Race \_\_\_\_\_ Social Security # \_\_\_\_\_

Mother/Guardian name \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_  
(required)

Mother/Guardian Address \_\_\_\_\_  
(If different from child) City Zip County

Highest grade mother completed in school: \_\_\_\_\_

Father/Guardian name \_\_\_\_\_ Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_  
(required)

Father/Guardian Address \_\_\_\_\_  
(If different from child) City Zip County

Highest grade father completed in school: \_\_\_\_\_

List other children (under age 21) in the home:

Name	DOB	Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number Living in Household \_\_\_\_\_ Single Parent Household? Y N

Employment Complete this section for parent (s) living in home with child.

Is mother employed or attending school? Employed Full-Time Employed Part-Time Unemployed Attending School  
(Circle all that apply) Military \_\_\_Yes \_\_\_No

Is father employed or attending school? Employed Full-Time Employed Part-Time Unemployed Attending School  
(Circle all that apply) Military \_\_\_Yes \_\_\_N



More questions on back of form

Health Provider Information

Please circle which applies: Medicaid/EPSDT Care Source Molina United Health Care  
No Insurance Private Insurance \_\_\_\_\_

Is this a foster child? Y N Is your family receiving cash assistance? Y N

Is your family homeless? Y N Do you need assistance with housing? Y N

Who does the child live with? \_\_\_Mom \_\_\_Dad \_\_\_Other please explain: \_\_\_\_\_

Do you receive food stamps? Y N Do you receive WIC? Y N

Voluntary Child Information

Please list any disability or special need of your child \_\_\_\_\_

Is this special need or disability documented by a physician or therapist? Y N

If yes, please give us the name of the physician or therapist \_\_\_\_\_

Does your child have an IEP through a school system? Y N

If yes, please name the school system \_\_\_\_\_

Additional information you would like for us to know \_\_\_\_\_

I hereby make application for my child \_\_\_\_\_, to be enrolled in the Head Start program and agree to accept the Center Based option according to availability. I also confirm that the information contained on this form is true and correct.

Signature \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_

\*Please Note: This application will not be considered complete until we have your proof of income, which may include one of the following: Most recent check stub, W-2, Income tax form, proof of cash assistance from ODJFS, proof of child support, unemployment check stub, written statement from employer, foster care reimbursement, SSI documentation or Zero Income form.

How did you hear about Head Start? \_\_\_\_\_

Do you have an email address? \_\_\_\_\_



Head Start the best start!

\*JVCAI & USDA are equal opportunity Employer/Provider of services.

For Office Use Only

\_\_\_\_\_ Age

\_\_\_\_\_ Over

\_\_\_\_\_ Under

\_\_\_\_\_ 101%-130%

Signature of Head Start Staff \_\_\_\_\_

Income Amount \$ \_\_\_\_\_ yearly