



**Jackson-Vinton Community Action**  
Head Start Enrollment Application  
320 W. South St. Jackson, OH 45640  
Phone: 740-286-8441 Fax: 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: \_\_\_\_\_

Birth Date \_\_\_\_\_ Race \_\_\_\_\_ Is this a foster child? Y N

Child's Address: \_\_\_\_\_  
City Zip County

Primary Adult name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Highest level of education completed:  Some high school  GED  High School Diploma  Some college  
 Bachelor degree  Associates Degree  Other: \_\_\_\_\_

Are you currently employed? Y N Please indicate: Full-Time or Part-Time

Are you currently in school? Y N

Active Military or Military Veteran? Y N

Other Adult name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Highest level of education completed:  Some high school  GED  High School Diploma  Some college  
 Bachelor degree  Associates Degree  Other: \_\_\_\_\_

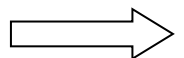
Are you currently employed? Y N Please indicate: Full-Time or Part-Time

Are you currently in school? Y N

Active Military or Military Veteran? Y N

List other children (under age 21) in the home: Total in Household: \_\_\_\_\_ Single Family: Y N

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



**Please answer all of the following questions:**

What language does your child speak? \_\_\_\_\_

What language does your family speak? \_\_\_\_\_

Is your family receiving SNAP? Y N                      Is your family receiving TANF or OWB? Y N

Do you receive WIC? Y N

Is your family receiving cash assistance (SSI)? 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: \_\_\_\_\_

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

**Child Information - Provide information relating to your child**

Was your child referred to Head Start from an outside agency (Help Me Grow, Doctor, Board of DD): Y N  
If yes, who? \_\_\_\_\_

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 \_\_\_\_\_

Does your child receive services through a mental health agency? Y N

Is your child potty trained? Y N

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

I hereby submit the 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: Most recent check stub, W-2, Income tax form, proof of cash assistance and/or SNAP benefits from ODJFS, proof of child support, unemployment check stub, written statement from employer, foster care reimbursement, SSI documentation or Zero Income form. Please also provide your child's birth certificate, health insurance card, any legal documents, and shot record.**