

JEFFERSON-CLARION HEAD START, INC.

**PARENTS AS TEACHERS**

ENROLLMENT FORM

Name:							
Address:							
City:		State:		Zip Code:			
Mobile Phone #:				Home Phone #:			
<b>Children in the Household</b>							
Name:					Date of Birth:		
Name:					Date of Birth:		
Name:					Date of Birth:		
Name:					Date of Birth:		
Name:					Date of Birth:		
Name:					Date of Birth:		
How did you hear about our program?							
Child involved in:	Early Head Start		Head Start		Pre-K Counts		Early Intervention
	Behavioral Health Services			Other, If Other:			
Do you have any concerns about your child's development, speech/language skills or behavior?							
Do you have any family concerns such as: involvement with CYS, housing or utilities difficulty, incarcerated family member, or family member with Drug or Alcohol misuse?							
Approximate Family Income:							
Jefferson-Clarion Parents as Teachers is sponsored by Jefferson-Clarion Head Start, Inc. If my child is co-enrolled at Head Start, Early Head Start, Pre-K Counts, or Family Literacy, I understand that information may be shared between programs in order to simplify the completion of child and family forms and child assessments. This will provide the most comprehensive services to our families.							
Parent Signature:				Date:			
Staff Signature:				Date:			