JEFFERSON-CLARION HEAD START, INC.

ENROLLMENT APPLICATION

FOR OFFICE USE ONLY	
Verified Disability:	☐ Yes ☐ No
☐ LS ☐ MS ☐ VS	
Name:	
Title:	
Date:	

Jefferson-Clarion Head Start, Inc.
18 Western Ave., Suite C
Brookville, PA 15825

Head Start / Early Head Start:
Toll Free: 1-800-625-6150
Phone: (814)849-3660
Fax: (814) 849-6235

Pre-K Counts:
Toll Free: 1-888-623-7735
Phone: (814)849-6758
Fax: (814) 849-5684

FOR OFFICE USE ONLY			
Date Verified:		PTS:	
Eligibility:			
☐ Early HS	School Age ☐ 3 ☐ 4		
Date Enrolled:			
☐ EHS	☐ HS ☐ Pre-K		
Date Re-Enrolled:			
Date Withdrawn:			
EHS Transition:	☐ Yes ☐ No		

PLEASE CHECK WHICH SERVICE YOU ARE APPLYING FOR:

☐ Children 3 to 5 years ☐ Children Birth through 3 Years ☐ Pregnant Woman

PLEASE ENTER THE INFORMATION FOR THE CHILD OR PREGNANT WOMAN YOU ARE APPLYING FOR:

Child or Pregnant Woman Name:				Sex (M/F):	
Date of Birth (DOB):		SSN:			
Street Address:		City:		Zip:	
Mailing Address (*If different from above*):		City:		Zip:	
County:		Township:		School District:	
Home Phone:		Cell Phone:		Email:	
Emergency Contact (*Other than self*):		Relationship:		Phone:	

Ethnicity (*select one*): ☐ Hispanic ☐ Non-Hispanic

Race (*select one*): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Biracial

CHILD'S PARENTS/LEGAL GUARDIANS OR PREGNANT WOMAN'S SPOUSE INFORMATION:

Name:		DOB:		SSN:	
Highest Level of Education:	☐ Less Than High School Graduate | Level: ☐ Associate Degree / Vocational School / Some College		☐ High School Graduate ☐ Advanced Degree / Baccalaureate Degree	☐ GED	
Name:		DOB:		SSN:	
Highest Level of Education:	☐ Less Than High School Graduate | Level: ☐ Associate Degree / Vocational School / Some College		☐ High School Graduate ☐ Advanced Degree / Baccalaureate Degree	☐ GED	

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Foster Family ☐ Other (Relationship)

Other children residing at home:

Name:		DOB:		Name:		DOB:	
Name:		DOB:		Name:		DOB:	
Name:		DOB:		Name:		DOB:	
Name:		DOB:		Name:		DOB:	
Name:		DOB:		Name:		DOB:	

TOTAL FAMILY INCOME:			
Wage/Salary:		Social Security:	
Unemployment:		Public Assistance:	
Military Income:		Child Support:	
Other:		If other, please specify:	
Total Income:			

Do you receive reimbursement from the Public Assistance Office (DHS) for any of the following services?	☐ Transportation	☐ Employment-related services such as Job Training
	☐ Child Care	☐ Other

INFORMATION /CONCERNS FOR CHILD / PREGNANT WOMAN YOU ARE APPLYING FOR:

☐	English Language Learner	☐	Vision Concerns	☐	Existing IEP/IFSP	☐	Other
☐	Speech & Language Delay	☐	Health/Pregnancy Concerns	☐	Teen Mother		
☐	Delays in Development	☐	Physical Disability	☐	Migrant Child/Worker		
☐	Hearing Concerns	☐	Behavioral Concerns/Supports	☐	Incarcerated Parent		

Additional Information:	

SERVICES CURRENTLY RECEIVING FOR CHILD / PREGNANT WOMAN YOU ARE APPLYING FOR:

☐	Intermediate Unit / Early Intervention	☐	MH/MR/Counseling Services
☐	Other Birth to Age 3 program	☐	Wrap Around Services

GENERAL SERVICES CURRENTLY RECEIVING:

☐	Head Start	☐	Domestic Abuse Shelter
☐	Pre-K Counts	☐	Drug & Alcohol Services
☐	Early Head Start	☐	Other
☐	Family Literacy/GED		

CERTIFICATION:

I hereby certify that, to the best of my knowledge, the information provided herein is true and accurate. I understand that I will be asked to verify family income and the information I provide is valid. Demographics and income information provided to Jefferson-Clarion Head Start, Inc. is subject to review by the PA Department of Education. I understand that this information will be held CONFIDENTIAL and is used to determine eligibility but does not guarantee enrollment into any program. Jefferson-Clarion Head Start, Inc. does not discriminate based on sex, age, religion, race, national origin or disabilities.

Legal Guardian / Pregnant Woman Signature:		Date:	
Print Name:			