



Early Head Start/Head Start Application

Bennington County Head Start

P.O. Box 588 • Bennington, VT • 05201

Telephone: (802) 442-3686 • Fax: (802) 447-3423

Child's Name: _____ Date of Birth: ____/____/____ Gender: _____
First Name Middle Initial Last Name Month Day Year

Physical Address: _____ Home Phone: _____
Street Town State Zip

Mailing Address (if different than above): _____

With whom does your child reside? (circle) Mom Dad Both Guardian Foster Care Other: _____

Family Information

Parent/Guardian #1: _____

Date Of Birth: _____

Address (if different than child's): _____

Home Phone: _____

Cell Phone: _____

Is Currently Employed? Yes No

Employer & Work #: _____

Are you involved with DCF (child protective services)? Yes No

Is there a court order regarding custody in place? Yes No

Please list all others in the household:

Name	Date of Birth	Relationship to Child	Is this person a dependent?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian #2: _____

Date Of Birth: _____

Address (if different than child's): _____

Home Phone: _____

Cell Phone: _____

Is Currently Employed? Yes No

Employer & Work #: _____

Is your family homeless? Yes No

Is either of child's parent in jail? Yes No

General Information

Does your child have a diagnosed disability? Yes No *If yes, what?* _____

Is your child working with or has worked with any of the following programs? CIS (Children's Integrated Services) CUPS Sunrise

Early Intervention EEE (IEP) Other _____

Do you have a childcare subsidy? Yes No

Does your child have health insurance? Yes No

Does your family receive WIC? Yes No

Do you have any health concerns about your child? Yes No *If yes, what are your concerns?* _____

Do you have a way to transport your child to school? Yes No

Head Start has limited bus seating at the NB Center & families are required to complete a form to determine eligibility. Head Start does not provide transportation to other locations. **Transportation is not available for Early Head Start students.**

Who currently cares for your child? _____

Has your family been enrolled in Early Head Start or Head Start in the past? Yes No

Program Options—Which program are you applying for?

North Bennington Campus (EHS/HS)

Manchester Elementary Middle School (MEMS) (HS)

Pownal Center (HS)

Forever Friends Playschool (Michelle Prouty) (HS)

UCS Infant/Toddler Center (EHS)

Shaftsbury Early Childhood Center (Jackie Myers) (HS)

Oak Hill Children's Center (EHS)

Bennington County Head Start is required to verify income for the past 12 months. Your application will not be processed without income. Income can include: Copy of your TANF statement • one month of most recent pay stubs • last year's tax return • SSI

I certify that the above information is accurate. I fully intend to enroll my child in Head Start, if accepted, and comply with the rules and regulations to the best of my ability.

Parent Signature: _____ Date: _____

I give permission for Bennington County Head Start to obtain information from my child's doctor including most recent well-child visit.

I give permission for Bennington County Head Start to obtain a copy of my child's immunization record from the Vermont Immunization Registry.

Parent Signature: _____ Date: _____

**Please return your completed application and income verification to:
Bennington County Head Start, P.O. Box 588, Bennington, VT 05201**

**Bennington County Head Start is a Program of United Children's Services,
a Division of United Counseling Services of Bennington County, Inc.**