

APPLICATION FOR ENROLLMENT

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: _____	Parent/Guardian #2: _____
Date Of Birth: _____	Date Of Birth: _____
Address (if different than child's): _____	Address (if different than child's): _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Is Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____	Employer: _____
Are you involved with DCF (child protective services)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your family homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a court order regarding custody in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is either of child's parent in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all others in the household:

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

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) Early Intervention
 Sunrise Early Intervention EEE (IEP) Other _____

Do you have a childcare subsidy? 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

BCHS/EHS has limited bus seating and families are required to complete a form to determine eligibility. BCHS/EHS does not provide transportation to all locations. Transportation is not available for children under the age of 2 years and weighing fewer than 25 lbs.

Who currently cares for your child? _____

Program Options—Which program are you applying for? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> North Bennington Campus or River Road (EHS/HS) | <input type="checkbox"/> Manchester Elementary Middle School (MEMS) (HS) |
| <input type="checkbox"/> Pownal Center (HS) | <input type="checkbox"/> Forever Friends Playschool (Michelle Prouty) (HS) |
| <input type="checkbox"/> UCS Infant/Toddler Center (EHS) | <input type="checkbox"/> MPCC Shaftsbury Campus (HS) |
| <input type="checkbox"/> Oak Hill Children's Center (EHS) | <input type="checkbox"/> Northshire Day School (HS) |
| <input type="checkbox"/> Bennington Recreation Center Program (Fall 2020) | |

Bennington County Head Start is required to verify income for the past 12 months for Head Start/Early Head Start applicants. Your application for either of these programs 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/W-2's • SSI Statement

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:** _____

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:** _____

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