

**APPLICATION FOR ENROLLMENT**

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

Primary Language:  English  Español  普通话  Portugues do Brasil  عربي  हिन्दी

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**

Caregiver #1: _____	Caregiver #2: _____
Relationship to Child: _____	Relationship to Child: _____
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, has worked with or has received a referral for any of the following programs?  CIS (Children's Integrated Services)  Early Intervention  Sunrise  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 (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"/> Northshire Day School (HS)                                     |
| <input type="checkbox"/> Oak Hill Children's Center (EHS) | <input type="checkbox"/> Spring Center @ Bennington Recreational Center Campus (EHS/HS) |

**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/SNAP (3 Square) 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.

**Caregiver 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.*

**Caregiver 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](mailto:adunham@ucsvt.org)**