

Enrollment Application

FOR OFFICE USE ONLY
Verified Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>
LS <input type="checkbox"/> MS <input type="checkbox"/> VS <input type="checkbox"/>
Name: _____
Title: _____
Date: _____

**Jefferson-Clarion
Head Start, Inc.**

Phone: (814)849-3660
1-800-625-6150
Fax: (814) 849-6235

**Jefferson-Clarion
Early Head Start**

Phone: (814)849-3660
1-800-628-6150
Fax: (814) 849-6235

**Jefferson-Clarion
Pre-K Counts**

Phone: (814)849-6758
1-888-623-7735
Fax: (814) 849-5684

18 Western Ave., Suite C, Brookville, PA 15825

FOR OFFICE USE ONLY
Date Verified: _____ Pts: _____
Eligibility _____
Early HS <input type="checkbox"/> School Age <input type="checkbox"/> 3 <input type="checkbox"/> 4
Date Enrolled: _____
<input type="checkbox"/> EHS <input type="checkbox"/> HS <input type="checkbox"/> Pre-K
Date Re-Enrolled: _____
Date Withdrawn: _____

I. PLEASE CHECK WHICH SERVICE YOU ARE APPLYING FOR:

Children 3 to 5 years: _____ Children Birth through 3 Years: _____ Pregnant Woman: _____

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

A. Child or Pregnant Woman Name: _____ SSN: _____ - _____ - _____ Birth Date: _____ Sex: _____

B. Address: _____ County: _____ School District: _____

C. Home Phone: _____ Cell Phone: _____ Nearest Phone: _____

Email: _____

D. Emergency Contact: _____ Phone: _____

E. Child or Pregnant Woman Race/Ethnicity (*Provision of information is voluntary and has no effect on determination of eligibility*)

Race: _____ American Indian or Alaskan Native _____ Asian _____ Black/African American

_____ Native Hawaiian or Pacific Islander _____ White _____ Bi-Racial

Ethnicity: _____ Hispanic/Latino Origin _____ Non-Hispanic/Non-Latino Origin

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

Name	Date of Birth	Social Security #	Education Level (Grade, GED, Post-Secondary)
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Name	Date of Birth	Social Security #	Education Level (Grade, GED, Post-Secondary)
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A. Child lives with: _____ Both Parents _____ Mother _____ Father _____ Foster Family _____ Other (Relationship)

B. Other children residing at home:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continued on other side)

IV. TOTAL FAMILY INCOME:

\$_____ Wage/Salary	\$_____ Social Security	\$_____ Other (Please Specify)
\$_____ Unemployment	\$_____ Public Assistance	_____
\$_____ Military Income	\$_____ Child Support	Total Income: \$_____

Do you receive reimbursement from the Public Assistance Office (DPW) for any of the following services?

_____ Transportation _____ Child Care _____ Employment-related services such as Job Training _____ Other

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

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

VI. SERVICES RECEIVING FOR CHILD/PREGNANT WOMAN YOU ARE APPLYING FOR:

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

VII. GENERAL SERVICES CURRENTLY RECEIVING:

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

In order to provide the best possible services for your family, we work closely with other service providers. In order to do this, we are asking you for your consent to exchange information with them on a strictly confidential, need to know basis. This information will be used for program planning purposes only and your consent may be withdrawn at any time by requesting in writing.

_____ Legal Guardian Signature _____ Date

VIII. 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. Income information provided for Pre-K Counts is subject to review by the PA Department of Education. I understand 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., Jefferson-Clarion Early Head Start or Jefferson-Clarion Pre-K Counts does not discriminate on the basis of sex, age, religion, race, national origin or disabilities.

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