

1081 Corporate Drive
 Lebanon, KY 40033
 P: 270-795-4301
 F: 270-692-0446



- Head Start
- Early Head Start
- County
- City

Enrollment Application

APPLICANTS NAME

Child's Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	County:

Living Address: _____

Phone: () _____	Race / Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Other : _____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
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Child will be transported by: _____	Concerns or Special Needs: Date Diagnosed: By whom: _____ Released signed: _____	Was child referred to program: <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____
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PRIMARY ADULT

Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits): 000-00-____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	County:

Living Address: Check if same as applicants address

Home Phone: () _____ Cell Phone: () _____ Work: () _____ Text: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Race / Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Other : _____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
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E-Mail Address:	Provides Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to child: _____
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Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Due Date: _____	Do you have transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Custody of child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Status Code (see below for codes)	Employment Status Code (see below for codes)
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CODES

Child's Relationship: C-Natural/Adopted/Step G-Grandchild N-Niece/Nephew F-Foster O- Other	Education Level: COL-College/Advanced Training <input type="checkbox"/> Grade 9/less CTG-College Degree/Training <input type="checkbox"/> Grade 10 HSG-High School Grad <input type="checkbox"/> Grade 11 GED- General Education Diploma <input type="checkbox"/> Grade 12	Employment Status: F-Full Time B-Full Time/Training/School P-Part Time L-Part Time/Training/School R-Retired S-Seasonal Work T-Training/School U-Unemployed A- Agricultural
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SECONDARY ADULT

Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	County:

Living Address: Check if same as applicants address

Home Phone: ()	Race / Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Other : _____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Cell Phone: () Text: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Work: ()		
E-Mail Address:	Provides Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to child: _____
Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Due Date: _____	Do you have transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody of child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Status Code (see below for codes)	Employment Status Code (see below for codes)

THIRD / OTHER ADULT

Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	County

Living Address: Check if same as applicants address

Home Phone: ()	Race / Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Other : _____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Cell Phone: () Text: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Work: ()		
E-Mail Address:	Provides Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to child: _____
Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Due Date: _____	Do you have transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody of child: <input type="checkbox"/> Yes <input type="checkbox"/> No	Education Status Code (see below for codes)	Employment Status Code (see below for codes)

CODES

Child's Relationship	Education Level	Employment Status
C-Natural/Adopted/Step G-Grandchild N-Niece/Nephew F-Foster O- Other	COL-College/Advanced Training CTG-College Degree/Training HSG-High School Grad GED- General Education Diploma	G9 Grade 9/less G10 Grade 10 G11 Grade 11 G12 Grade 12
		F-Full Time P-Part Time R-Retired T-Training/School A- Agricultural
		B-Full Time/Training/School L-Part Time/Training/School S-Seasonal Work U-Unemployed

OTHER HOUSEHOLD MEMBER / CHILD			
Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-__ __ __ __	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to applicant:
Living Address: <input type="checkbox"/> Check if same as applicants address _____			
Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Head Start next year: <input type="checkbox"/> Yes <input type="checkbox"/> No	School attending:
OTHER HOUSEHOLD MEMBER / CHILD			
Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-__ __ __ __	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to applicant:
Living Address: <input type="checkbox"/> Check if same as applicants address _____			
Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Head Start next year: <input type="checkbox"/> Yes <input type="checkbox"/> No	School attending:
OTHER HOUSEHOLD MEMBER / CHILD			
Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-__ __ __ __	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to applicant:
Living Address: <input type="checkbox"/> Check if same as applicants address _____			
Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Head Start next year: <input type="checkbox"/> Yes <input type="checkbox"/> No	School attending:
OTHER HOUSEHOLD MEMBER / CHILD			
Last Name:	First:	Middle:	Preferred:
Date of Birth:	Social Security (last 4 digits) 000-00-__ __ __ __	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to applicant:
Living Address: <input type="checkbox"/> Check if same as applicants address _____			
Lives with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provides Financial Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Head Start next year: <input type="checkbox"/> Yes <input type="checkbox"/> No	School attending:

Please list emergency contacts outside the home:

Name: _____ Relationship to child: _____

Address:

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Address:

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Address:

Home Phone: _____ Cell Phone: _____

Family Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Two Parent Family | <input type="checkbox"/> Single Parent Family (Mother figure only) | <input type="checkbox"/> Foster Family |
| <input type="checkbox"/> Other relative (s) | <input type="checkbox"/> Single Parent Family (Father figure only) | <input type="checkbox"/> Other family type |

Number of adults in household : _____

Number of children in household : _____

Please mark all that apply

Do you currently receive:

- | | |
|---|---|
| <input type="checkbox"/> SNAP/Food Stamps | <input type="checkbox"/> No Health Coverage |
| <input type="checkbox"/> TANF/KTAP | <input type="checkbox"/> Medicaid/Medicare Assistance (Passport, Coventry Care....) |
| <input type="checkbox"/> SSI – Supplemental Security Income | <input type="checkbox"/> KCHIP |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Private Insurance: _____ |
| <input type="checkbox"/> Public Housing Assistance | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other: _____ |

Any specific family crisis? Please explain: _____

Please explain any physical, mental or health issues that may impact your child's learning: _____

FAMILY INCOME

Family Member Name	Income Source	Amount	Frequency	
1	1 Non-Agricultural Earned Income (ie. Wages, tips) Place of employment	1	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
1		1	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
2	2 Agricultural Earned Income (ie. Wages, tips)	2	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
3	3 Public Assistance. Welfare (ie. TANF, KTAP)	3	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
4	4 Social Security or Pension	4	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
				<input type="checkbox"/> Twice a month
4		4	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
5	5 Supplemental Security Insurance (SSI)	5	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
				<input type="checkbox"/> Twice a month
5		5	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
6	6 Foster Care or Adoption Subsidy	6	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
7	7 Unemployment	7	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
8	8 Financial Aid (CAP Grant, Pell Grant, Scholarships, etc.....)	8	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
9	9 Child Support or Alimony	9	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally
10	10 Other: Specify _____	10	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Twice a month	<input type="checkbox"/> Annually
			<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Seasonally

Certification: *I understand that it is the Head Start program's duty as a federally funded program to verify my eligibility. I certify that this information is true. If any part is false, my participation in this agency may be terminated. I also understand that the information in this application will be held in strict confidence within the agency policies. I do hereby give my permission for a third party resource to be contacted only for the need of verifying support if applicable.*

Parent / Guardian Signature: _____ Date: _____

