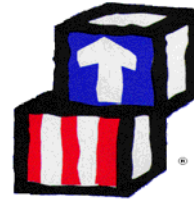


Community Action Head Start Enrollment Application 2009 – 2010



Teaching Minds of Tomorrow
Touching Lives of Today!



Child's Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian SSN: _____ or Date of Birth: _____

Our child tracking software requires either the parent's social security number or date of birth.

Living Address: _____

City Zip County

Mailing Address (if different): _____

City Zip County

Is the pick up and drop off the same as the living address? ____ yes ____ no

Home Number: _____ Work Number: _____

Message Number: _____ Cell/Pager Number: _____

Other Number: _____

Primary Language at home: _____

Special Needs

None diagnosed

	Diagnosed	Date:	Diagnosed by:
Visual impairment, including blindness	<input type="checkbox"/>	_____	_____
Hearing impairment, including deafness	<input type="checkbox"/>	_____	_____
Orthopedic impairment	<input type="checkbox"/>	_____	_____
Health impairment	<input type="checkbox"/>	_____	_____
Speech/Language impairment	<input type="checkbox"/>	_____	_____
Mental impairment	<input type="checkbox"/>	_____	_____
Emotional/ Behavior disorder	<input type="checkbox"/>	_____	_____
Learning disability	<input type="checkbox"/>	_____	_____
Autism	<input type="checkbox"/>	_____	_____
Traumatic brain injury	<input type="checkbox"/>	_____	_____
ADD/ADHD	<input type="checkbox"/>	_____	_____
Multiple disabilities	<input type="checkbox"/>	_____	_____
Developmental delay	<input type="checkbox"/>	_____	_____
Other impairment	<input type="checkbox"/>	_____	_____

The information on this form will be used to determine your child's eligibility for Head Start. All information will be held in strict confidence.

I certify that the information in this application is accurate and truthful to the best of my knowledge; and authorize Head Start to obtain income verification, if needed.

Parent/Guardian signature

Date

Head Start does not discriminate against children or families based upon race, color, religion, sex, national origin, or disabilities.

Application taken by: _____ Date: _____

For Staff Only

Approval Date: _____

Staff Initials: _____

Enrollment Date: _____

Staff Initials: _____

Drop Date: _____

Staff Initials: _____

Return to: Community Action Head Start
1800 Fifth St.
Lincoln, IL 62654

Approved by Policy Council: December 17, 2008