

Family Development Services

~A Head Start Organization~

PRE-ENROLLMENT APPLICATION 2009-2010

Program Preference: <input type="checkbox"/> Early Head Start <input type="checkbox"/> Head Start: Half Day <input type="checkbox"/> Head Start: Full Day		
Date of Application: _____	*Total Gross Household Income: \$ _____ (APPLICATION WILL NOT BE PROCESSED IF INCOME LEFT BLANK)	

*CHILD INFORMATION (PLEASE DO NOT LEAVE ANY BLANKS)

Child Name: Last	First:	Middle Initial:	Date of Birth / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Current Age:
* Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: _____			*Dental Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: _____		
* Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			* Child's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> European-Slavic <input type="checkbox"/> Other: _____		
* Ethnicity: <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Puerto Rican					
Does child have any special needs or disabilities that require any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is your child diagnosed with a current IFSP or IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No				School District: _____	

*FAMILY INFORMATION & DEMOGRAPHICS

Parent/Guardian Name: Last	First	Mailing Address (Street, City, Zip)	APT.	Date of Birth: / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Child: _____		Home Phone: ()	Alternate Phone: ()		

Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	*School/Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: _____			
Parent/Guardian Name: Last	First	Home Address (Street, City, Zip)	APT.	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		*School/Job Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone: ()	Alternate Phone: ()	

*Household Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Non-Parent	Do you have primary custody of this Head Start Eligible Child? <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Partial	*Housing Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other	*Educational Status: <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> High School Diploma <input type="checkbox"/> Advance Training/Certificate <input type="checkbox"/> Degree
*Language Spoken In The Home: <input type="checkbox"/> English <input type="checkbox"/> European-Slavic <input type="checkbox"/> Asian <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____		# of Children in the Home: _____	# of Adults Living in the Home: _____

*Family Services Received: TANF SSI Unemployment WIC Food Stamps Subsidized Housing

How Did You Hear About Family Development Services:
 Friend/Family Member Radio Ad Head Start Recruiter Website Community Event Advertisement Previous Enrollment

PARENT/GUARDIAN CONSENT

I understand this is an application ONLY and does not guarantee enrollment in the program. All information is confidential. I also understand that I must keep Head Start informed of any changes of address or phone number. I am legally responsible for this child.

Parent/Guardian signature

Date

Office Use Only 2009-2010

Appointment Date/Time: / / : AM/PM
Parent Confirmation: Yes No

2009-2010



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HEAD START AND EARLY HEAD START CENTERS
 For more information, please call or visit the following Centers
Local Head Start Programs

***Indicates Early Head Start Program available at this location**

Marion County Head Start Centers		
*SERVICE CENTER 1 Head Start 3yrs-5yrs old Early Head Start 6wks-3yrs old	5950 East 23 rd Street 46218	(317) 803-4654
SERVICE CENTER 2 Head Start 3yrs- 5yrs old	3637 N. Meridian Street 46208	(317) 803-3804
*SCHOOL 75 Head Start 3yrs-5yrs old Early Head Start 12mos-3yrs old	2447 West 14 th Street 46222	(317) 803-9535
St. PETER'S CENTER Head Start 3yrs- 5yrs old	1010 N. Temple 46201	(317) 803-9583
SOUTHEAST CENTER Head Start 3yrs- 5yrs old	4024 S. Madison 46227	(317) 803-9480
*SOUTHWEST CENTER Head Start 3yrs-5yrs old Early Head Start 12mos-3yrs old	1130 S. Kappes Street 46221	(317) 803-9576
CAFÉ CENTER Head Start 3yrs- 5yrs old	8902 East. 38 th Street 46226	(317) 803-9607
CROOKED CREEK CENTER Head Start 3yrs- 5yrs old	2990 West 71 st Street 46268	(317) 803-4170
GOODWIN CENTER Head Start 3yrs- 5yrs old	3935 W. Mooresville Rd. 46221	(317) 472-6900

Hamilton County Head Start Center:		
Noblesville Center Head Start 3yrs- 5yrs old	1700 E. Conner Street 46060	(317) 773-3744