



## Family Development Services

— A Head Start Organization —

Dear Parents/Guardians:

Thank you for your interest in the Head Start Program. All children are important to us. We believe that in order for meaningful change to take place in the life of a child, his/her family and community must be involved.

Below are a few pieces of information for you to know when completing an application for Head Start and Early Head Start:

Head Start Program Session Options:

Full Day – Monday – Friday (5 days)  
7:30 am – 5:30 pm

Half Day – Monday – Thursday (4 days)  
Morning Session  
Afternoon Session

Early Head Start Program Session:

Full Day – Monday – Friday (5 days)  
7:00 am – 5:00 pm

Age Requirements:

Head Start Children must be 3 or 4 years old by August 1<sup>st</sup>  
Early Head Start serves Infants and Toddlers ages 6 weeks to 2 years

Transportation:

Transportation **is NOT** guaranteed and may not be offered at all centers. Transportation is offered only for Half Day Sessions.

Items needed for enrollment:

Child's Original/Official Birth Certificate/Document of Foster Care or Guardianship  
Proof of Income for the last year:

- A copy of Federal Income Tax Paperwork (1040) and/or all W-2's
- If employed, the last two months of paystubs from each job worked in the past 12 months
- Work One: Work Inquiry
- Verification for Social Security Disability, SSI, TANF, etc. (Written on that Department's Letterhead) (If applicable)
- Documentation of Child Support Payments, Foster Care/Adoption subsidy (If applicable)

Child's Immunization Record  
Hoosier Works Card/Food Stamp Document with case number included  
5 Emergency contact names, addresses, and phone numbers  
Hoosier Healthwise Card or Private Insurance Card  
Completed Physical Exam  
Document of IEP if child has a diagnosed disability  
Completed Dental Exam  
Employer/School Address and Phone Number

Please see the listing of all the Head Start and Early Head Start Centers on the next page.

## Family Development Services

## 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:**

<b>*Service Center #1</b> 6 weeks – 1yrs old, 2 – 5 years old	5950 E. 23rd St.	46218	803-4654
<b>Service Center #2</b> 3-5 years old	3637 N. Meridian St.	46208	803-3804
<b>*Crossroads Center</b> 2 years old only	4740 Kingsway Drive	46205	803-9614
<b>*School #75</b> 6 weeks – 1 yrs old, 2 - 5 years old	2447 W. 14th St.	46222	803-9535
<b>St. Peter's Center</b> 3-5 years old	1010 N. Temple Ave	46201	803-9583
<b>Southeast Center</b> 3-5 years old	4024 S. Madison	46227	803-9480
<b>Southwest Center</b> 3-5 years old	1130 S. Kappes St.	46221	803-9576
<b>Goodwin Center</b> 3-5 years old	3935 Mooresville Rd	46221	803-9576
<b>CAFÉ Center</b> 3-5 years old	8902 E. 38th Street	46226	803-9608
<b>Crooked Creek Center</b> 3-5 years old	2990 W. 71st Street	46268	803-4170

**Hamilton County Head Start Center:**

<b>Noblesville Center</b> 3-5 years old	1700 East Conner Street	46060	773-3744
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2008-2009



Application Date: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_  
AM/PM

With: \_\_\_\_\_

Program: EHS HS Prenatal  
Center Choice:  
1. \_\_\_\_\_ 2. \_\_\_\_\_

Total Gross Income in 2007: \_\_\_\_\_

(Total amount before taxes)

Number of people living in  
your household: \_\_\_\_\_

**Family Development Services**  
*A Head Start Organization*

**HEAD START APPLICATION**

**Child's Information**

(First)

(MI)

(Last)

Child's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ ( ) Male ( ) Female

**Parent/Legal Guardian Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Other Parent/ Legal Guardian Information:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Do you live in household with Parent/Legal Guardian: Y N

**Others in household:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_

**Do you need an interpreter to assist in the enrollment process? Y N Language: \_\_\_\_\_**

**How did you find out about Family Development Services? (Please circle)**

Radio TV Community Calendar Flyer Friend/Family

Signs/Billboards/Banners Internet Employee Previous enrollment

I certify that all information provided on this application is accurate to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date