

BUTLER COUNTY CHILDREN'S CENTER, INC.
EARLY HEAD START/HEAD START APPLICATION

Child's Name: _____

Birthdate: _____ Age: _____ Male _____ Female _____

Address: _____
(Number & Street) (City/State) (Zip Code)

Address for bus pick up if different than above: _____
(Number & Street) (City)

Brief directions to home: _____

Telephone Number: _____ Township: _____ School District: _____

Number of people in household: _____ County: _____

How did you learn about us? _____

Mother's Name: _____ D.O.B.: _____ Father's Name: _____ D.O.B.: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Child lives with: Parents _____ Mother _____ Father _____ Foster _____ Other (who) _____

Are there custody/visiting arrangements? Please explain: _____

I work and currently my children:

____ are in child care ____ stay with relatives ____ I would like child care information

Names and birthdates of children in the home:

Other adults in the home:

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

Is there a pregnant adult in the household? Yes _____ No _____ If yes, who _____

Expected due date for delivery: _____

PLEASE CHECK THE TYPE OF HEAD START SERVICE NEEDED:

IF YOUR CHILD IS 3 OR 4 YEARS OLD:

_____ Classroom Based Head Start (5 hours per day, 4 days per week)

_____ Home Based Head Start (weekly in-home visits)

IF YOU ARE PREGNANT OR YOUR CHILD IS 0 TO 3 YEARS OLD:

_____ Early Head Start

Head Start is a federally funded program and families are required to meet eligibility guidelines. Please provide the following information:

Total household yearly income: \$ _____

Please check all that apply as your family's source of income: Employment _____ Child Support _____
SSI _____ Unemployment _____ TANF _____ Food Stamps _____

Type of Health Insurance: _____

Employer's Name (Mother): _____

May we contact you there? _____ Yes Phone number: _____ No

Employer's Name (Father): _____

May we contact you there? _____ Yes Phone number: _____ No

Who may we contact (not living in household) if we are having difficulty reaching you?

Name: _____ Relationship to child: _____

Address: _____ Phone number: _____

Children with identified disabilities receive additional consideration for entry into Head Start. Does your child have an identified disability? Yes _____ No _____

**Does your child have an: IEP (Individual Education Plan) Yes _____ No _____
IFSP (Individual Family Service Plan) Yes _____ No _____**

Do you have health concerns about your child? Yes _____ No _____

Please explain: _____

To the best of my knowledge, the above information is correct. I am obligated to notify the program of any changes occurring during the year.

Signature of parent

Date

Email Address: _____

Butler County Children's Center, Inc. cooperates with the school district of residence, the Midwestern Intermediate Unit IV and the Base Service Unit – Center for Community Resources (CCR). A parent's signature on this application gives us permission to exchange information such as name, address, telephone number, status of the application and site assignment with these agencies. If for any reason you do not want us to share this information, please indicate why:

Mail completed application to: Butler County Children's Center, Inc., 139 Rieger Road, Butler, PA 16001

IF YOU HAVE ANY QUESTIONS PLEASE CALL TOLL FREE 866-348-6674 or LOCAL (724) 287-2761 FOR MORE INFORMATION

No one shall be discriminated against because of race, creed, color, national origin, age, sex, religion, mental or physical disabilities.