



**IRONTON-LAWRENCE COUNTY CAO
HEAD START/EARLY HEAD START
APPLICATION FOR ENROLLMENT**



CRITERIA POINTS (Office Use Only)	
-------------------------------------------------	--

I. CHILD INFORMATION

Name: _____ Nickname: _____ Gender: M F
 Date of Birth: _____ Phone Number: _____
 Address: _____
 Directions to Home: _____

Is this child a Foster Child? YES NO Child's Birthplace: City _____ State ____ Hospital _____
 Proof of Age: _____ Health Insurance: YES NO
 Insurance Card # _____ Insurance Company _____

II. FAMILY INFORMATION

Father/Guardian name: _____ Custodial Parent Y N Marital Status: _____
 Mother/Guardian name: _____ Custodial Parent Y N No. in Household: _____
 Primary Language spoken in home: _____ No. in Family: _____
 Race: White Native American Asian Biracial/Multiracial American Indian or Alaska Native
 Black or African American Native Hawaiian or other Pacific Islander Unspecified Other
 Ethnicity: Hispanic or Latino original Non-Hispanic/Non-Latino Origin

III. INCOME INFORMATION

What is the total yearly family income? _____
 Does this family receive public assistance (SSI, TANF, OWF, CCS)? YES NO
 What is the source of income? TANF/OWF SSI wages unemployment other _____
 Does this family receive Child Care Subsidy? YES NO

IV. HEALTH INFORMATION

Does this child receive WIC? YES NO Do you receive Food Stamps? YES NO Case # _____
 Does this child have a Doctor? YES NO Does this child have a Dentist? YES NO
 Does this family have a Medical Home? YES NO Does this family have a Dental Home? YES NO

V. SPECIAL CONSIDERATIONS

(Voluntary Information) Does this child have any suspected or diagnosed special health conditions? YES NO
 If yes, explain _____
 Is the parent/guardian of this child an Ohio University Southern Campus student? YES NO

VI. ENROLLMENT HISTORY

Has this child been previously enrolled in the Ironton-Lawrence County Head Start Program? YES NO
 If yes, when? _____ 1st yr. 2nd yr. 3rd yr.

VII. PERSONS ALLOWED TO REMOVE CHILD FROM CENTER

1. _____ Relationship _____
 2. _____ Relationship _____
 3. _____ Relationship _____

VIII. ENROLLMENT COMMENTS:

Will this child enter Kindergarten next year? YES NO School District: _____
 This child is age eligible: YES NO This child is income eligible: YES NO

The information provided by me above is true and complete to the best of my knowledge.

Signature of Parent/Legal Guardian: _____ Date: _____
 Signature of Parent/Legal Guardian: _____ Date: _____
 Signature of Head Start Interviewer: _____ Date: _____