

Enrollment Form for Maliseet Head Start

Today's Date		
Child's Full Name	Sex: M or F	Nickname
Address		
Date of Birth	Place of Birth	Phone
Child Lives with: <input type="checkbox"/> .Mother <input type="checkbox"/> .Father <input type="checkbox"/> .Both Parents <input type="checkbox"/> .Guardian <input type="checkbox"/> Foster care <input type="checkbox"/> Other (explain below)		
<u>Child's Race/ Ethnicity</u>		
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indian Non-Tribal: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Indian: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>		
* The Maliseet Head Start does not discriminate regarding race, color, national origin, sex, age, or handicap condition		
Marital Status of Parent(s)/Guardian(s): <input type="checkbox"/> .Married <input type="checkbox"/> .Separated <input type="checkbox"/> .Divorced <input type="checkbox"/> .Single Parent		
Mother's Name and Address	Home Phone Work Phone Cell Phone E-mail Work Address:	
Present Occupation: Highest Grade Completed:	Mother's date of birth:	
Father's Name and Address	Home Phone Work Phone Cell Phone E-mail Work address:	
Present Occupation Highest Grade Completed:	Father's date of birth:	
Guardian's Name and Address	Home Phone Work Phone Cell Phone E-mail Work address:	
Present Occupation Highest Grade Completed:	Guardian's date of birth:	

Taxable Income

Name of person with *taxable* income: _____ Source of income: _____ Gross amount of income: _____

Date verified: _____ Documentation used to verify: _____

Name of person with *taxable* income: _____ Source of income: _____ Gross amount of income: _____

Date verified: _____ Documentation used to verify: _____

Non Taxable Income (Including TANF, food stamps, SSI, SSDI, child support, etc)

Name of person with *non taxable* income: _____ Source of income: _____ Amount of income: _____

Date verified: _____ Documents used to verify: _____

Total of gross taxable and non taxable income: _____

**The Head Start shall verify the family income before determining that a child is eligible to participate in the program. No child can be enrolled until a Head Start staff verifies all income. The Head Start staff who verifies the gross income must sign this form.*

Does anyone in the household receive WIC benefits? Yes No

Head Start use only: This family is income eligible: Yes No

Signature of staff verifying income: _____ Date: _____

Siblings or other children in the household? Please provide names and dates of birth:

Other adults in the household? Please provide names and relation to child:

Any special health conditions and/or concerns or disabilities?

Any particular fears or dislikes you think we should be aware of?

Emergency contact (2 adults other than parents)

Name:
Address:

Phone:
Relationship:

Name:
Address:

Phone:
Relationship:

Child's Physician
Physician's Address

Phone

Child's Dentist
Dentist's Address

Phone

Hospital Preference

Phone

Insurer Name

Policy #

Persons authorized to pick up and drop off your child:*

Name

Relation to Child

Phone

Address

Name

Relation to Child

Phone

Address

Other selection criteria (Check all that apply)

- Family lives in remote area
- TANF family
- Single parent family
- Teenage parent(s)

- Child needs social interaction
- Foster care child
- Other factors:

***Additional information that you would like to add:** _____

*Your child will not be allowed to leave child care without prior authorization from the responsible parent or guardian.

Parent or guardian signature

Date