

Dear Parent or Guardian:

Enclosed you will find an Enrollment Application for the programs operated by WCCS Early Learning Centers. Section 1 identifies the program option you are applying to, Early Head Start, Head Start, or services for pregnant mothers.

Early Head Start is for infants and toddlers. The Options available are Home Base and Center Base services. Full Day center base services are for mothers and fathers working or attending school and are eligible for Day Care assistance through the Jobs and Family Services program. You can find out if you're eligible for Day Care assistance by calling 513-695-1444 or 513-695-1447. There is no charge for Home Base services. Please fill out section 1,2,3,4, and 5.

Head Start serves children ages 3 to 5 years old. The options are part-day preschool and full day child care. To be eligible for full day child care you must be working or attending school and be eligible for Day Care assistance through Jobs and Family Services. Please call the above numbers to find out if you are eligible. There is no charge for part day preschool school if your family is income eligible. Please fill out section 1,2,3,4, and 5.

If you are applying for services for a **pregnant mother** please check this option under services for pregnant mother and fill out section 3 and 5.

All applications for children must have proof of income and proof of age.

We can use a copy of your 2010 Income Tax return, a recent check stub showing year-to-date earning, Social Security income documentation, SSI (supplemental security income) documentation, unemployment statement, OWF, military allotments, other regular support from an absent family member or someone not living in the household who supports the family, college or university grants or scholarships, alimony and/or child support payments as income verification. **We have to have income and age verification before we can process the application.**

To verify your child's age we can use a birth certificate, baptismal record, immunization record, child's physical, documentation from your health insurance provider or documentation from Jobs and Family Services verifying child's age. All guardians or foster parents must include a copy of custody or placement papers. If you are divorced and have joint custody arrangement you will need to provide both parent's income and documentation showing custody arrangements for your child.

The Enrollment Application cannot be processed without proof of yearly income and age verification. Please return the completed form and proof of income and age as soon as possible to any Early Learning Center or mail to:

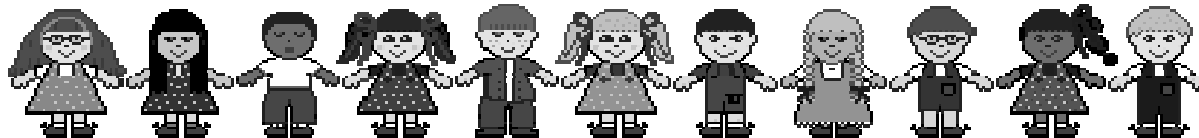
Early Learning Centers
Warren County Community Services, Inc.
570 North State Route 741
Lebanon, Ohio 45036

If you have any questions, please feel free to call me at (513) 695-2215, (513) 261-2215, or (513) 695-2227. Thank you for your interest in our program.

Judy Glenn, Family Services Manager

Warren County Community Services Early Learning Centers

ENROLLMENT APPLICATION



FOR OFFICE USE ONLY

Date received: _____
 Comp Entry Date _____
 Completion Date _____

APPLICATION STATUS

ACCEPTED _____ DENIED _____
 WAIT LIST _____ INCOMPLETE _____

App. Status Letter Mailed _____
 App. Sent For Registration _____

PLEASE FILL OUT ALL THE SPACES THAT REFER TO YOUR CHILD AND FAMILY. IF YOU HAVE ANY QUESTIONS OR NEED HELP COMPLETING THIS FORM, PLEASE FEEL FREE TO CONTACT THE HEAD START OFFICE AT (513) 695-2215 OR (513) 261-2215.

| Section 1 PROGRAM OPTION | |
|--|--|
| <p>PLEASE CHECK THE PROGRAM OPTION YOU ARE APPLYING FOR:</p> <p>Early Head Start for infants, toddlers & pregnant mothers: <input type="checkbox"/> Home based services for child <input type="checkbox"/> Full Day child care for parents who are working or attending school</p> <p>HEAD START: for preschoolers ages 3-5 <input type="checkbox"/> Part-day preschool <input type="checkbox"/> Full day child care for parents who are working or attending school</p> <p><input type="checkbox"/> Services for pregnant mother (for this option complete section 3 and 5)</p> | |
| Section 2 CHILD INFORMATION | |
| <p>Child's Legal Name: First: _____ Middle: _____ Last: _____</p> <p>Child's Birthday: _____ Child's Age: _____ Child's Sex: Male Female</p> <p>Has a professional ever suggested that the child may have: <input type="checkbox"/> Speech and Language impairment <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Visual impairment / blindness <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Impairment of motor function (orthopedic or physical disability) <input type="checkbox"/> Severe emotional disturbance <input type="checkbox"/> Health impairment (specify) _____</p> <p>Has your child been diagnosed with any of the above? Yes No Diagnosed by: _____ Date of Diagnosis: _____</p> <p>Is the child receiving services? Yes No Where? _____ Name of therapist or service provider: _____</p> <p>Child's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic Child's Race: <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Bi-Racial or Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Other Primary Language spoken by child: _____ Primary Language spoken by parents: _____</p> <p>If language spoken is other than English do you have an interpreter or translator? Name of Translator or Interpreter: _____ Phone Number: _____</p> | |

| Section 3 Family Information | |
|---|--|
| Parent/Guardian's Name: _____ Living Address: _____ City: _____ State _____ Zip: _____ County: _____ Mailing Address if different from above: _____ City: _____ State: _____ Zip: _____ Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ Email address: _____ Please list two people who can contact you with a message: Name: _____ Phone: _____ Name: _____ Phone: _____ | |
| Section 4 Child's Living Arrangements | |
| <p style="text-align: center;">Circle one</p> <p>One Two Joint Grandparent Non Foster Parent Parent Custody Custody Parent Parent</p> <p>In Joint Custody Situation, Who Has Residential Custody of Child? _____</p> <p>Number of Persons In Family _____ Number living in the Home _____ Number of Children Birth to 3 _____ Number of Children 4-5 _____</p> <p>School District where parent/guardian resides and where child will attend kindergarten _____</p> | |
| <p>PLEASE FILL OUT ALL INFORMATION COMPLETELY</p> | |

| Section 5 | ELIGIBILITY INFORMATION | | | | |
|--------------------------------------|-------------------------|-----------------------|--------------------------------------|---|--------------------------|
| Names of All Household Members | Relationship | Birth Date (Required) | Highest Level of Education Completed | Place of Employment or Source of Income | Monthly or Weekly Income |
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| TOTAL YEARLY INCOME OF FAMILY | | | | | \$ |

| OTHER AGENCY INFORMATION | |
|--|--|
| The following questions will help to determine if your child is eligible for Head Start This information will remain completely confidential | |
| <input type="checkbox"/> Family history of domestic violence | <input type="checkbox"/> Frequent moves |
| <input type="checkbox"/> Family history of special education or school drop-out | <input type="checkbox"/> Incarcerated parent |
| <input type="checkbox"/> Family history of substance abuse | <input type="checkbox"/> Receiving mental health services/counseling |
| <input type="checkbox"/> Long term chronic illness (child or adult) | <input type="checkbox"/> Limited English-speaking household |
| <input type="checkbox"/> Former ADC/TANF recipient (within last 6 months) | <input type="checkbox"/> Referred from other agency. Name _____ |
| <input type="checkbox"/> Currently receiving cash assistance (include amount as income above) | <input type="checkbox"/> Other special family situation: |
| <input type="checkbox"/> Open Case with Children's Services | <input type="checkbox"/> Homeless |

PROOF OF INCOME AND AGE VERIFICATION MUST BE ENCLOSED IN ORDER TO PROCESS YOUR CHILD'S APPLICATION.

Please check the verification of employment / income enclosed with this application:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1040 Tax Statement | <input type="checkbox"/> W2 Statement | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Child Support | <input type="checkbox"/> Per Diem – Foster Child |
| <input type="checkbox"/> Verification by Employer Pay Stubs from _____ to _____ | <input type="checkbox"/> Other (please specify source): | |

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|---|
| IF APPLICABLE: <input type="checkbox"/> Disability Diagnosis for Child <input type="checkbox"/> Proof of custody or placement |
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| Mail completed application and income verification to: WCCS Early Learning Centers 570 North State Route 741 Lebanon, OH 45036 |
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I understand that the information provided is correct to the best of my knowledge and this information will be kept confidential.

Signature of Parent of Guardian

Date