

CSC Head Start Application Instruction Sheet

SUBMITTING THIS COMPLETED APPLICATION DOES NOT GUARANTEE ENROLLMENT

Proof of your child's birth date (provide one of the following):

- Birth Certificate
- **Immunization Record**
- Hospital Certificate
- Newspaper birth announcement

Proof of your family income for the last calendar year, the last 12 months, **OR** that reflect your current income situation. The following documents may be used as verification:

- Pay stubs
- W-2 forms
- TANF/ERDC or SSI benefits award letter from DHS
- Unemployment summary
- Record of child support payments
- Letter from employer

Proof of Immunization

- If your child's shots were given in Oregon we can access those records for you.
- You can get this from your child's health care provider.

If you are the legal guardian of your child we need documentation from the courts. If the child is your Foster Child we need documentation from DHS- Child Welfare.

You will need to transport your child to and from school. Please check city bus schedules.

If your phone number or address changes, please contact us with your new information as soon as possible. If we can't reach you, we can't enroll your child.

If you have questions please call:

Newport, 253 NE 1st, 541-574-7690

Toledo, 845 A St., 541-336-5113

Lincoln City, 2130 SE Lee St., 541-996-3028

www.communityservices.us

Albany Regional Office
250 Broadalbin St SW Ste 2A
Albany, OR 97321
541.928.6335

Corvallis Regional Office
545 SW 2nd St Ste A
Corvallis, OR 97333
541.752.1010

Newport Regional Office
120 NW Avery St.
Newport, OR 97365
541.265.8505

Lincoln County Head Start
2130 SW Lee St / PO Box G
Lincoln City, OR 97367
541.996.3028

TO BE COMPLETED BY HEAD START STAFF

Interview date _____ **Parent or Guardian Name** _____

Interviewed by _____

STAFF NAME

Duration of interview ____15 Minutes ____30 Minutes

Comments

All aspects of enrollment application discussed with applicant to ensure verification of information provided.

SUBMITTING THIS COMPLETED APPLICATION DOES NOT GUARANTEE ENROLLMENT.

Preferences have been noted and you will be advised of your child's placement should they be enrolled.

Parent/Guardian signature Date Secondary Parent Guardian Signature

Staff Name Staff Signature Date

2017- 2018 CSC HEAD START ENROLLMENT APPLICATION
Toledo (541)336-5113 Lincoln City (541) 996-3028 Newport (541) 574-7690

Parent or Guardian Information

Date Received _____

First Name Middle Initial Last Name Relationship to Child

Gender M F Birth date _____

Living in the home with the child? Yes No Are you a former Head Start parent? Yes No

Primary Language _____ **Other Language** _____

English Skills Very good Good Not good Not at all

Ethnicity Latino Non- Latino

Race Asian Bi-Racial/Multi Racial African American
 White Native American Other _____
Pacific Islander Unspecified

Education Level

No High School Some High School _____ (Highest Grade Completed)
Graduated High School GED Vocational Training/Some College College Degree

Currently Attending School: Attending Part Time Attending Full Time

Parent/Guardian is a member of US military on active duty **Veteran of US military**

Employment Information

Unemployed Employed Part Time Employed Full Time Employed Seasonal/Temporary

(Name of Employer)

Telephone _____ _____ _____
Home Cell / Message Work

Home Address _____
Street Address City State Zip code

Mailing Address (if different) _____
Street Address City State Zip code

Number in Family _____ **Number in Household** _____

How did you hear about our program? _____

Were you referred by another agency? Yes No If yes, agency name _____

Are you receiving WIC? Yes No If yes, provide ID # _____ - _____

Secondary Parent or Guardian Information

First Name Middle Initial Last Name Relationship to Child

Gender M F Birth date _____

Living in the home with the child? Yes No Are you a former Head Start parent? Yes No

Primary Language _____ **Other Language** _____

English Skills Very good Good Not good Not at all

Ethnicity Latino Non- Latino

Race Asian Bi Racial/Multi Racial African American
 White Native American Other _____
 Pacific Islander Unspecified

Education Level

No High School Some High School _____ (Highest Grade Completed)
Graduated High School GED Vocational Training / Some College College Degree

Currently Attending School: Attending Part Time Attending Full Time

Parent/Guardian is a member of US military on active duty **Veteran of US military**

Employment Information

Unemployed Employed Part Time Employed Full Time Employed Seasonal/Temporary

(Name of Employer)

Telephone _____ _____ _____
 Home Cell / Message Work

Home Address _____

check here if same as primary caregiver Street Address City State Zip code

Mailing Address (if different) _____

Street Address City State Zip code

Child Information

First Name Middle Initial Last Nickname Gender M F _____
Birthdate

Primary Language _____ **Other Language** _____

Does your child speak English at home? Yes No

English Skills Very good Good Not good Not at all

Ethnicity Latino Non -Latino

Race Asian Bi-Racial/Multi Racial African American White Native American
Pacific Islander Unspecified Other _____

Other children or adults living in the home (not listed above)

First/Last Name

Birth Date:

Relationship to Head Start Child

Do you have concerns for your child? No Yes

Please check all that apply:

- Dental Health Learning Difficulties Speech or Hearing Behavior Nutrition/Eating Abuse/Neglect
 Vision Former Foster Child

Is your child receiving services from ECSE (Early Childhood Special Education)? No Yes

If yes, please provide IFSP

Does your child have a diagnosed disability? No Yes

If yes, please provide documentation of disability.

Is your child transferring from another Head Start program? No Yes

Do you have concerns for yourself or immediate family? No Yes

Please check all that apply:

- Housing Job/Employment Disability/Unable to work Family Violence Learning Disability
 Drug/Alcohol Issues Immigration Mental Health/Illness Military Deployment Legal Issues
 Health Issues Incarcerated Family Crisis (death, divorce, terminal illness)
 Other – Explanation _____

Was either parent a teen parent? No Yes

Are you receiving TANF (Cash Assistance)? No Yes

Is anyone in your family receiving SSI? No Yes

If yes, who receives it? _____

Are you receiving ERDC (Employment Related Daycare)? No Yes

Class option: *We will do our best to accommodate your family.* Please select your preference below using

1. First choice 2. Second choice 3. Third choice 4. Fourth choice Please put numbers in the boxes.

A.M. Class (3.5 hours)

P.M. Class (3.5 hours)

Either A.M. or P.M.

Full Day (7 hours)

