

WBC Opportunities Head Start and Early Head Start Enrollment Application Information



Head Start is a comprehensive program that primarily serves children from income eligible families. Children enrolling in Head Start must have reached their third or fourth birthday by September 1st of the enrollment year. Early Head Start children should be younger than 36 months of age. We welcome children with disabilities. We also take into consideration factors that may put the family at risk.

We also have a prenatal education program for women. This includes monthly visits to provide education on various health topics that apply to pregnancy. It also includes a two week post partum visit by a nurse. Once your child is born the child will then be enrolled.

We serve families in Williamson and Burnet counties. Our main office is located in Georgetown (512-763-1400). Our center locations and phone numbers are: Bagdad Head Start and Early Head Start (512-259-9010), Burnet Head Start (512-756-4777), Burnet Early Head Start (512-715-0805), Bartlett Head Start (254-527-4421) and Early Head Start (254-527-4645), Florence Head Start (254-793-3011), Harris Ross Head Start and Early Head Start (512-365-1070), Highland Lakes Head Start, serves only 3 year olds (830-598-7667), Hutto Head Start (512-642-3144) serves only 4 year olds, Liberty Hill Head Start, serves only 4 year olds (512-515-0838), Marble Falls Head Start and Early Head Start (830-693-2887), Mary Bailey Head Start- serves 3 and 4 year olds (512-863-5259), Rawleigh Elliott Early Head Start and Head Start, only serves 0-3 year olds (512-864-9733), Round Rock Head Start and Early Head Start (512-255-4536).

INSTRUCTIONS FOR APPLICATION PROCEDURE- If you need assistance or have questions, call the center that you are interested in.

- ✓ **Complete the attached application and Residency Form**
- ✓ **Attach proof of total household income for the previous 12 months or previous calendar year from all parents/guardians.** Please send COPIES of the following:
 - Income Tax Return **or**
 - 2 Current Pay Stubs **or**
 - Verified Letter from Employer

If the following income applies we also need verification.

- ✓ Supplemental Security Income award letter
- ✓ TANF
- ✓ Child support (award letter or copy of checks)
- ✓ Veteran's benefits
- ✓ Social Security Income
- ✓ Unemployment (claim letter or two payment stubs)
- ✓ Worker's compensation
- ✓ Grants or scholarships
- ✓ **Attach birth certificate**
- ✓ **Attach all immunization records (and well child records if you have them)**
- ✓ **Proof of residency (a utility bill or document that shows your residential address not mailing address)**

If you have NO income we must have a copy of your recent Social Security Earnings Statement or SSA-7004 (you can obtain this from <http://www.ssa.gov/online/ssa-7004.html> or 1-800-772-1213.

Upon receipt of all the above needed information you will be put on our waiting list. This could take up to 30 days. You will be notified by phone call if your child will be enrolled. If you are applying for the prenatal program and are not contacted for enrollment, a new application will be required once the child is born.

If your address or telephone number changes while waiting to hear from us please call us with the changes. All applications expire May of each year. If you have any questions regarding the application process, please call your local Head Start center at the numbers listed above.

PLEASE KEEP THIS COVER SHEET FOR FUTURE REFERENCE



**WBC Opportunities Head Start
Enrollment Application**

604 High Tech Dr.
Georgetown, TX 78626



Is this your first application or an update ? (circle one)

(512)948-7609/ Fax(512)948-7616

Child's Last Name:		First Name:		Which Head Start are you applying for?	
Ethnicity: (circle one) Non Hispanic Hispanic		Race: (circle one) Black/African-American Biracial/Multiracial Middle Eastern Iranian		White Asian/Chinese/Japanese American Indian or Alaskan Native Native Hawaii/ Pacific Islander Other	
Sex: (circle one) Female Male		Child's Date of Birth:		Is English spoken in the home?	
Child's Language (s):		Secondary Language		English Skills: (circle one) Very well Well Not Well Not at All	
Primary Adult Name:			Address/City/ Zip Code:		
Primary Adults Phone: Home:		Work:		Cell Phone:	
Email address:					
Secondary Adults Name:			Address/City/Zip Code, if different		
Secondary Adults: Home:		Work:		Cell Phone:	
Email address:					
Parental Status: (circle one) Single Parent Two Parents Foster Not Child's Parent/Guardian Joint Custody					
Current Housing Status: (circle one) Homeless Own Rent Other		Housing Type: (circle one) Apartment House Duplex Mobile Home Other		If pregnant, trimester are you in (circle one) 1 st 2 nd 3 rd When is the baby's due date?	
Type of Health Insurance: Medicaid CHIPS None Private (List Name):			Physician Name/ #: Dentist's Name/ #:		
Does applying child or unborn child have a disability? (circle one) Yes If yes, what type of disability _____				No Suspected Does child have and IFSP or IEP: (circle one) Yes No	
Does child have any medical condition or risks (circle one) No Yes, please list:			Does the family receive any of the following: WIC CCMS TANF Supplemental Security Income Food Stamps Child Support		
Are you having problem with any of the following: (circle one) Incarcerated parent Custody issues Restraining orders			Was child referred by another agency: (circle one) CPS School District PRIDE/ECI		
Did the child attend Early Head Start or Head Start? No Yes, when and where:			Is the parent an employee of WBC Opportunities-Head Start/Early Head Start? Yes No		

FAMILY MEMBER INFORMATION -Primary and Secondary Caregiver Adult information. Also include other Adults in the home

ADULTS								
See Code Below								
Full name and relationship to child (Mom, Dad, Grandparent, etc.)	Sex	DOB	Language	Ethnicity: (Non Hispanic or Hispanic)	Race	(D1) Education Status	(D2) Employer Status	Name of Employer and how long employed?
	M F							
	M F							
	M F							

D1 – Education years completed (insert codes in the section above marked D1) G09 = Grade 9 or less HSG = High School Graduate G10 = Grade 10 GED = GED G11 = Grade 11 COL = Some College/Vocational/Associates Degree G12 = Grade 12 CTG = College degree or trade school certificate BAD= Bachelors or Higher NHS= No High School	D2 – Employment status (insert codes in the section above marked D2) F = Full-time (35 or more hours per week) P = Part-time (less than 35 hours per week) S = Seasonally employed U = Unemployed D= Disabled T = In training or school R = Retired
---	---

Name of the Child	Date of Birth	Sex	Relationship to Applying child
		M F	
		M F	
		M F	
		M F	

Total # in Family (Adults and children you are financially responsible for, include both mother and father if living in the same house) _____
 Total # in Household (Total # in Family plus all other Adults and children in the house) _____

I certify that all of the above information is accurate to the best of my knowledge. This application will expire in January of each year.

Date Parent/Guardian Signature: _____ :



WBC Opportunities Head Start 0-5 Child Residency Questionnaire



The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services the student may be eligible to receive.

Check the box that best describes with whom the child resides.

- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (*Examples: friends, relatives, parents of friends, etc.*)
- Other _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Please check only one box that best describes where the child is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s); if you checked this box, please check one or both of the boxes below if applicable:
 - My home has no electricity
 - My home has no running water
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was shipped out, parent(s) in jail, etc.)
- In a shelter because I do not have permanent housing [examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing]
- In transitional housing (housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization)
- In a hotel or motel (examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- None of the above describe my present living situation

If you checked "none of the above," briefly explain your situation: _____

Signature of Parent/Legal Guardian _____ **Date** _____

Child's Name _____