

Early Childhood Center

541-573-6461

655 W/ Fillmore

P.O. Box 460 Burns, OR 97720

Points _____

Program Option: ___ Center-base Head Start, ___ Home-base, ___ Great Start

Enrolled Child's Name

Last Name _____ First Name _____ Birth Date _____

Mailing Address _____ City _____

Physical Address (if different) _____ City _____

Phone Number _____

Male ___ Female ___ Ethnicity _____

Mother's Name

Last _____ First _____ Birth Date _____

Address (if different) _____

Phone Number/ cell number _____ e-mail address _____

Employer _____ Phone Number _____

Father's Name

Last _____ First _____ Birth Date _____

Address (if different) _____

Phone Number/cell number _____ e-mail address _____

Employer _____ Phone Number _____

Other Household Members

Name	Relationship to child	DOB	Highest grade completed	Employed y/n

Eligibility

Age of child at time of enrollment _____

Preference of AM or PM session _____

Total gross yearly income \$ _____

___ Income Eligible ___ Under 130%

X _____

___ TANF/Assistance _____

Parent Signature _____

___ Foster Care _____

Date: _____

___ Homelessness _____

Head Start is a comprehensive child development program that was developed to help young children from low income families be able to access preschool services. 35% of children in the program can be between 100%—130% of federal poverty guidelines and 10% of children can be over income. Head Start of Harney County gives preference to families most in need of Head Start services. The following questions are optional, but may help the program determine your family’s eligibility. These questions can also help in determining Great Start enrollment.

Children with disabilities: Speech___ Other_____

What are the top issues facing your family? Check all the apply.

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Adult education
<input type="checkbox"/> Job Training	<input type="checkbox"/> Better use of finances
<input type="checkbox"/> Housing	<input type="checkbox"/> Childcare
<input type="checkbox"/> Food	<input type="checkbox"/> Transportation
<input type="checkbox"/> Rural Area	<input type="checkbox"/> Single parent
<input type="checkbox"/> Literacy	<input type="checkbox"/> Teen pregnancy
<input type="checkbox"/> Language barrier (non-English speaking)	<input type="checkbox"/> More recreational/social outlets
<input type="checkbox"/> Speech/hearing concerns	<input type="checkbox"/> Crime/incarceration/parole
<input type="checkbox"/> Vision concerns	<input type="checkbox"/> Drug/alcohol abuse
<input type="checkbox"/> Health concerns	<input type="checkbox"/> Safety in schools
<input type="checkbox"/> Dental concerns	<input type="checkbox"/> Involvement with child protection services
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mental health counseling/adults	
<input type="checkbox"/> Mental health counseling/children	
<input type="checkbox"/> Insurance	