

HEAD START OF YAMHILL COUNTY

1006 NE 3rd Suite A; PO Box 1311

McMinnville, OR 97128

Phone: 503 472 2000

Fax: 503-472-6539

FOR OFFICE USE ONLY			
Age Eligible:	Yes	No	
Applicable Eligibility:			
Public Assistance:	SSI	TANF	
Foster	Homeless	Disability	
To 100%	100-130%	130% +	
Verification Document:			
Verified by:	Date:		
Approved by:	Date:		
Score			

ENROLLMENT APPLICATION

Did an agency refer you to Head Start? []Yes []No Agency name & person referred: _____

Is someone helping you complete this form? []Yes []No

Parent Name: _____ Living in home []Yes []No Date of Birth: _____

Parent Name: _____ Living in home []Yes []No Date of Birth: _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email address: _____

Message Phone _____

- 2 Parent household 1 Parent household 2 Grandparent household 1 Grandparent household
- Parent is or was in foster care Parent(s)/Guardian(s) work in agriculture Parent/Guardian is or was in recovery
- Parent/Guardian is or was incarcerated

Number of people in family: _____

[] Own Home [] Renting [] Without permanent housing or displaced. If so, please explain: _____

Are you pregnant? []Yes []No Due date: _____ Interested in Early Head Start? []Yes []No

Does anybody in your household receive WIC? []Yes []No

Primary Language: _____ [] Parent does not speak English [] Child does not speak English

Parent Education: [] Attending School [] No High School Diploma/GED [] No College degree

Currently has: [] High School Diploma/GED [] College Degree

Is child in daycare? []Yes []No Do you need day care? []Yes []No

If yes, daycare address: _____ Days: []Mon []Tue []Wed []Thurs

Is child in diapers/pull-ups during daytime? []Yes []No [Not required, but preferred for pre-K]

Child/Children Information- please list all children in your family birth to age 5

Child's Name: _____ Date of Birth: _____ [] Male [] Female

Diagnosed disability? []Yes []No IFSP? []Yes []No Foster child or in DHS Custody? []Yes []No

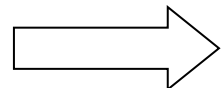
Child's Name: _____ Date of Birth: _____ [] Male [] Female

Diagnosed disability? []Yes []No IFSP? []Yes []No Foster child or in DHS Custody? []Yes []No

Child's Name: _____ Date of Birth: _____ [] Male [] Female

Diagnosed disability? []Yes []No IFSP? []Yes []No Foster child or in DHS Custody? []Yes []No

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INCOME INFORMATION: Include income from all sources

ATTACH COPIES OF PROOF OF INCOME. Such as: Form 1040 from previous tax year, W-2 forms from previous tax year, or copy of most recent pay stub.

If you receive benefits from DHS please mark which programs and sign the DHS release, and we will obtain proof of income on your behalf.

TANF SNAP SSI

DHS RELEASE

I give permission for Head Start of Yamhill County to obtain income information from the Department of Human Services.

Parent/Guardian Signature

Date

\$ _____ Gross Yearly Income from Wages

\$ _____ Yearly Income – Other Source _____
Please list source e.g. TANF, SSI, Child Support, Financial Aid, Unemployment, Worker Comp. etc

\$ _____ Total Gross Yearly Income

I give my permission for HSYC to share my name and contact information with the school district, Yamhill County Public Health, A Family Place Relief Nursery, and/or Migrant/Tribal EHS and HS Programs for referrals to their parenting and child health/ preschool programs. Yes ____ No ____

The above information is true & complete, and I understand misrepresentation is considered fraud

Parent/Guardian Signature

Date

Please submit the application **in person** by the parent/guardian at any of our sites or call 503 472 2000.

Administrative Office: 1006 NE 3rd St, Suite A, McMinnville

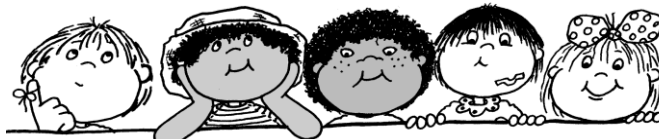
Michael Eichman Center: 813 NE 2nd St, McMinnville

Newberg Center: 2813 Crestview Dr, Newberg

Dayton Center: 528 Ferry St, Dayton

Sheridan Center: 1500 W Main St, Sheridan

Yamhill/Carlton Classroom at Yamhill Intermediate School: 310 E Main St, Yamhill



Applications accepted all year

Head Start of Yamhill County is an equal opportunity provider.

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Interviewed by:

In Person

Phone Call

Date: