



Head Start Family Day Care

3295 Fulton Street, 1st Floor
Brooklyn, NY 11208
(718) 235-3949

Enrollment Application

DATE: / /

A

1. Parent's Name
2. Full Street Address
- In between what two streets?
3. Home Phone Number 4. Work Phone Number
5. Parent's Cell Phone Number
6. Parent's e-mail address
7. Child's Name 8. Child's Date of Birth
9. Name of Emergency Contact Person
10. Phone Number
11. If you are a citizen, are you registered to vote? Yes No
If not, would you like to register here? Yes No
- 11 b. Do you have a car to transport your child to school? Yes No

B

12. Does your child have any medical or mental health related problems? If **yes**, please explain
13. Does your child have any diagnosed or suspected disabilities? If **yes**, please explain
14. Does your child have a medical home (hospital, clinic or private doctor's office where he/she is seen on a regular basis)? If **yes**, please name _____
15. What is the primary language spoken at home? _____
16. What language of instruction do you prefer for your child?
 English Spanish Bi-Lingual (English and Spanish)
17. What is your child's race?
 Native American Alaskan Native Asian
 Black/African American Hispanic/Latino White
 Native Hawaiian or Pacific Islander Other _____

17 b. What is parent or gradparent country of birth? _____

18. Are you working? Yes No if yes, what is the name of the company, your position, and hours?

18 b. Are you in school? Yes No if yes, what school, what field, and what are your school hours?

19. Are you living in a Shelter? Yes No ¿Do you get WIC? Yes No

Do you get food stamps? Yes No ¿Do you receive Public Assistance (TANF)? Yes No

19 b. are you enrolled in the United States of America Military? Yes No

20. Below list the name, age and relationships of all the people who live in your household including yourself and child who is been register.

| Name | Age | Relationship | Name | Age | Relationship |
|------|-----|--------------|------|-----|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

21. Are any of the adults listed above besides yourself employed? Yes No

If yes, please bring proof of income.

22. How did you hear about us? _____

23. I, _____ verify that all of the above information is accurate and truthful. If the information presented is discovered to be inaccurate, my services provided by the CHCCC will be terminated.

Parent /Guardian Signature: _____ Date: _____

TO BE COMPLETED BY STAFF

Documentation of income includes:

Birth Certificate S.S Card W-2 Form 1040 Form 186D

Proof of Address Pay Stub Letter from employer 548C Public Asst. receipt

Notarized letter of Unemployment Other Document _____

Site preference: Head Start Family Day Care Program

Verified by: _____ Date: _____

Number of Family members _____ Yearly Income \$ _____

Eligibility Status: Poverty/TANF/SSI: Foster Child Homeless Family Military Family

Income bet 100%-130% : _____ Over Income: % _____



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**We accept application for children that will be turning three years old
*Estamos aceptando aplicaciones de niños que estaran cumpliendo
3 años de edad.***

Required Documents/ Documentos Requeridos

- 1.) Child's Birth Certificate / ***Acta de Nacimiento del niño/a***
- 2.) Both Parent's Proof of Income / ***Verificación de ingreso de ambos padres***
If parents are not together but provide child support, we will need a notarized child support letter.
Si los padres están separados provea una carta notarizada verificando la manutención del niño/a.
- 3.) Families Proof of Address (bills under your name) / ***Prueba de dirección (facturas en su nombre)***
- 4.) If your child has an evaluation and/or is receiving services, please bring a copy of your child's last evaluation.
Si su niño/a tiene una evaluación y/o recibe servicios favor de proveer la copia de la evaluación más reciente.

Office is open Monday thru Friday from 9-5pm. For more information please contact our office at (718) 235-3949 and ask to speak to Gloria or Jessenia

La oficina está abierta de lunes a viernes de 9-5pm. Para más información favor de contactarse con la oficina al (718) 235-3949 pregunte por Gloria o Jessenia.