



RUTLAND COUNTY HEAD START®

A Comprehensive Family Service Program
BOX 222 • RUTLAND, VT • 05702-0222
(802) 775-8225 • FAX (802) 747-3583
TOLL FREE 1-888-445-4924

APPLICATION

Child's Name _____ Sex ____ Ethnic Origin _____ Native Language _____

Birth Date _____ Age-September 1 _____ Social Security # _____

Phone # or Message Phone _____ Insurance Co. _____

Mailing Address _____ Town of Residence _____
STREET TOWN STATE ZIP

Physical Address: _____

Family Information:

Child lives with: Both ____ Mother ____ Father ____ Guardian ____ Foster Care ____ Other (Please Specify) _____

Mother's Name _____ Father's Name _____

Date of Birth _____ Date of Birth _____

School grade completed ____ Soc. Sec. # _____ School grade completed ____ Soc. Sec.# _____

Place of employment _____ Place of employment _____

Work hours _____ to _____ Tel. # _____ Work hours _____ to _____ Tel # _____

Family Income:

Father's Income: \$ _____ Mother's Income: \$ _____ Other Household Income: \$ _____

My Family receives the following benefits (check all that apply):

TANF ____ VA Benefits ____ Workman's Comp/Dis ____ Unemployment ____ Military ____ Child Support ____ Other _____

Other Children in Household: Sex Date of Birth Grade Handicap?

Other Adults in Household: Relationship to Head of Household

Total Number in Household _____

Does child have a diagnosed medical condition (i.e. asthma, allergy, etc.): _____

Does child have a diagnosed disability (i.e. Dev. Delay, Cerebral Palsy): _____

Is child receiving services related to disability (i.e. FITP): _____

Is child attending any other programs (i.e. EEE, Kids on the Move): _____

I understand all information and certify this information to be correct to the best of my knowledge. I fully intend to enroll my child in the program, if he/she is accepted. I agree to comply with the rules and regulations of the program. I understand that the information provided above will remain strictly confidential.

Signature of Parent or Guardian _____ Date _____

Signature of Staff Member _____ Date _____