



HEAD START OF YAMHILL COUNTY
PO BOX 1311; MCMINNVILLE, OR 97128
503 472 2000

ENROLLMENT
APPLICATION

TANF (circle one):	Yes	No
Percent		%
Verification Document	_____	
Score	_____	
Income verified by:	_____	

TODAY'S DATE: _____

Did an agency refer you to Head Start? No Yes Agency Name/Person referred: _____

Is someone helping you complete this form? No Yes

Parent Information

Parent Name: _____ Parent Date of Birth: _____

Parent Name: _____ Parent Date of Birth: _____

Are you pregnant? No Yes If yes, expected due date: _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Address where child will be coming to/from Head Start: _____

Own Home Rent Home Living with others or homeless-Explain: _____

Home Phone _____ Cell Phone _____ Message Phone _____

2 Parent household 1 Parent household 2 Grandparent household 1 Grandparent household Foster Parent

Parent Education: Lacks High School Diploma or GED High School Diploma/GED Attending School

College degree Either child or parent does not speak English What is your primary language _____

Do you participate in Healthy Start Babies First CaCoon

Child/Children Information

Head Start Child's Name: _____ Child Date of Birth: _____ Male Female

Head Start Child's Name: _____ Child Date of Birth: _____ Male Female

Does your child have a diagnosed disability? No Yes Date of diagnosis: _____

Is this child on an IFSP? No Yes Family member diagnosed with a disability? No Yes

Number of people in family: _____ Ages of **other** children in the home: _____

Do you/your child participate in WIC? No Yes Is your child a foster child? ? No Yes

Income Information

Include all income from wages, DHS, Social Security (SSI) Unemployment Compensation, Workers Compensation, alimony, child support etc. **ATTACH COPIES OF PROOF OF INCOME.** (Such as: Copies of last year's federal income tax return or copies of all W-2 forms from previous tax year or copies of all pay stubs for last 12 consecutive months.)

_____ TANF assistance from DHS. Please list what benefits you receive and complete the DHS release at the bottom of the page: _____

\$ _____ Gross Yearly Income from Wages

\$ _____ Gross Yearly Income – Other Sources _____

Please list source e.g. Child Support, SSI, Alimony, Unemployment, Worker Comp. etc

\$ _____ **Total Gross Yearly Income**

The above information is true and complete to the best of my knowledge

Parent/Guardian Signature

Date

DHS RELEASE

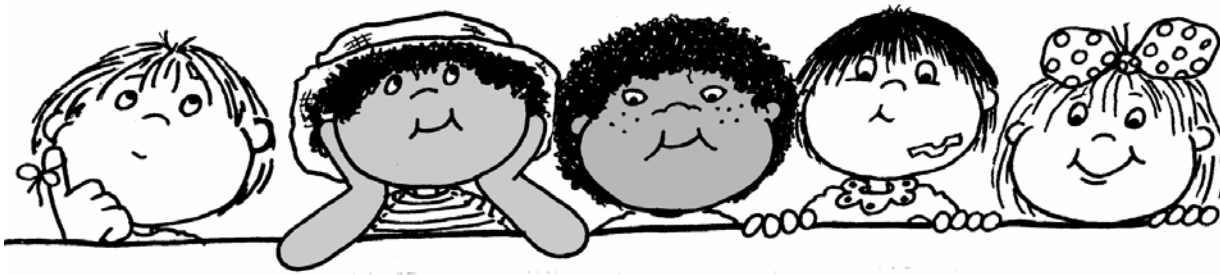
CASE WORKER'S NAME: _____

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

Parent/Guardian Signature

Social Security Number

Date



Do you have a child under the age of 5?

Head Start of Yamhill County offers a variety of programs for expectant families and children ages birth through five!

10% of enrollment slots are made available to children with disabilities!

SIGN UP NOW!
LIMITED NUMBER OF SLOTS!!

HEAD START OF YAMHILL COUNTY

2045 SW Hwy 18, Suite 300

PO BOX 1311

MCMINNVILLE, OR 97128

Questions? Call (503) 472-2000

Applications accepted all year

"Head Start of Yamhill County is an equal opportunity provider."