DELAWARE OPPORTUNITIES INC.
HEAD START PROGRAM
35430 STATE HIGHWAY 10
HAMDEN, NY 13782

RECRUITMENT/ENROLLMENT Date_____

Child's Name _____
Parent's Name_____
Mailing Address_____
_____ Zip_____
911 Address_____
Phone # _____ Cell #_____ # In Family _____

Non-Custodial Parent Name (if applicable)_____
Mailing Address_____
Phone #_____ Cell #_____

_____Child's Birth date _____/_____/_____ M or F
_____Child's Social Security # _____ or None _____
Health Care Provider (current)_____
Address _____
Phone # _____

Please list any diagnosed health concerns we should be aware of:_____
_____
_____

Does your child have any dental problems? Yes _____ No _____

Do you have any concerns about your child's development? _____
_____
_____

Is your child classified as a Preschooler With A Disability? Yes_____ No_____

Does he/she have an IEP (Individual Education Plan)? Yes_____ No_____
and from which school_____

Does any family member have impaired health or high medical bills? _____

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OFFICE USE ONLY:
COMMENTS:

Classified Child: Y N
What: _____
Waiting List: _____/_____/_____

Over Income: Y N
Amt. Over: $ _____

Accepted Date: _____/_____/_____
Center Location: _____

Approved By: _____

List ALL Household Members:

Name	Birth date	Social Security No.

Single Parent? Yes _____ No _____
Currently in any Education/Training Program?(BEST, Stepping Stones) Yes _____ No _____
If Yes, Who? _____ What? _____
Are you currently working? Yes_____ No_____

INCOME INFORMATION

		Monthly		Monthly
_____	Wages	$ _____	Child Support	$ _____
	Social Security	$ _____	Unemployment	$ _____
	Public Assistance	$ _____	Other:_____	$ _____
	Veteran Pension	$ _____	TOTAL:	$ _____
	Foster Child	$ _____		

Previous Year Tax Return or W-2, Annual $ _____

ARE YOU RECEIVING ANY OF THE FOLLOWING SERVICES? (YES or NO)
Preventative(Parent Aide): _____ Daycare Subsidies: _____ Food Stamps: _____ WIC:_____

Does the child have health coverage: Yes_____ No_____
If yes: Medicaid_____ Private_____
Child Health Plus_____ Other_____
If no: Date of information provided to parent _____

Optional: What is your ethnicity?_____

I HEREBY CERTIFY THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT HEAD START STAFF MUST VERIFY THIS INFORMATION.

_____ _____
Parent/Guardian Date

I CERTIFY THAT I HAVE SEEN WRITTEN VERIFICATION OF ALL ABOVE ITEMS INITIALED BY ME.

_____ _____
Staff Signature Date

Please print directions to home for bus run information:

_____

_____

_____