



Head Start of Washington County, Inc.

ELIGIBILITY AND SELECTION FORM



CHILD INFORMATION

Child's NameDate of Birth Male FemaleAddress
(Street Address ; City ; State ; Zip)Mailing address if different than above
(Street Address ; City ; State ; Zip)Phone Number () Who's phone is this?
If you have no phone, list number you can be reached at or nearest relatives phone who can reach you.Phone Number () Who's phone is this?Number of people living in household **supported by parent's income** Children AdultsChild's Primary Language Child's Race
Child lives with? Mother Father Both Parents Foster Parent(s) GuardianDoes Child have Medical Insurance? Yes NoDoes Child have Special Needs? Yes No

If YES to Special Needs, please list

Has Child been diagnosed by a Professional? Yes No *(DOCUMENTATION IS REQUIRED)*Does Child have I.E.P or I.F.S.P. ? Yes No**PLEASE CHOOSE ALL THAT APPLY: (PLACEMENT DEPENDS ON AVAILABILITY)****I would be willing to accept the following program options for my Child: (check all that apply)**Extended Day (6 hrs) Full-Day | Full-Year (hours vary)
REQUIRES CHILD CARE SCHOLARSHIP / VOUCHER
Home Based Program
(home visits from teacher & group socializations)Do you receive a Child Care Scholarship/ Voucher? Yes NoCan you provide daily transportation for your child if necessary? Yes No

Do you have other children applying for or already enrolled in

Early Head Start or Head Start? Yes No

If YES, Children's Names:

FAMILY INFORMATION

Female Parent/Guardian Name (If living in the home)

Date of Birth

Parent's Primary Language Parent's RaceIs Female Parent/Guardian under 20? Yes NoDo you have a Diploma or GED? Yes NoAre you currently Pregnant? Yes NoIs English your second language? Yes No

Email Address

Work Phone Number ()

Marital Status: Single Married Divorced Separated Widowed**Male Parent/Guardian Name (If living in the home)**

Date of Birth

Parent's Primary Language Parent's RaceIs Male Parent/Guardian under age 20? Yes NoDo you have a Diploma or GED? Yes NoIs English your second language? Yes No

Email Address

Work Phone Number()

Marital Status: Single Married Divorced Separated WidowedIs child currently homeless, living in a shelter or halfway house? Yes NoAre three or more children under age 5 living in household? Yes NoDoes family receive SNAP (Supplemental Nutrition Assistance Program)? Yes NoDoes family receive SSI Benefits? Yes NoIs child receiving services from another agency ? (Below)
Judy Center Birth-K Healthy Families Family Center WIC

How did you hear about Head Start?

Parent/Guardian Signature

FOR OFFICE USE ONLY

Ranking Points

★ **PLEASE COMPLETE BOTH SIDES OF THIS FORM** ★Return to address below or email to mjones@headstartwashco.org

Head Start of Washington County, Inc., 837 Spruce Street Hagerstown, MD 21740

Phone : (301) 733-4640 Ext. 110

Please note that this application is valid for one year. You must reapply if not accepted.

FOR REFERRAL AGENCY ONLY

