



RUTLAND COUNTY HEAD START APPLICATION

A Comprehensive Family Service Program

PO Box 222, Rutland, VT 05702-0222 www.rchscn.org
(802)775-8225 FAX (802)747-3583 TOLL FREE 1-888-445-4924

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

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

Phone # (Home) _____ (Cell) _____ (Message) _____ Insurance Co. _____

Emergency Contact Person 1. _____ Phone # _____

2. _____ Phone # _____

Mailing Address _____ Town of Residence _____

Physical Address _____

STREET TOWN STATE ZIP

Do you need child care? Yes _____ No _____

Family Information:

Child lives with: Mother _____ Father _____ Both Parents _____ Guardian _____ Foster Care _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Email _____ Date of Birth _____ Email _____ Date of Birth _____

School grade completed _____ School grade completed _____

Place of employment _____ Place of employment _____

Work hours _____ to _____ Tele # _____ Work hours _____ to _____ Tele # _____

Family Income:

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

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

Reach Up _____ VA Benefits _____ Workman's Comp/Dis _____ Unemployment _____ Military _____ Child Support _____ SSI/SSDI _____

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

Other Adults in Household: _____ Relationship to Head of Household _____

Total Number in Household _____

How did you learn about Rutland County Head Start? Head Start Family _____ Head Start Flyer _____ Community Agency (WIC, Reach Up) _____

Community Event _____ Dr./Dentist Office _____ Head Start Staff _____ Other _____

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: _____

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 _____