

ROCKINGHAM COUNTY HEAD START ENROLLMENT APPLICATION

591 NC 65 Reidsville, NC 27320 Office (336) 349-4762 Fax (336) 342-6634

Applicant								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility		Medicaid #	Doctor/Medical Home	
				<input type="checkbox"/> Not Eligible				
				<input type="checkbox"/> On Medicaid				
				<input type="checkbox"/> Potentially				
Dental Coverage			Dental Coverage #		Dentist/Dental Home			

Adult 1								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's							
Email Address:								

Adult 2								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's							
Email Address:								

Adult 3								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Master's							
Email Address:								

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Items Needed: Birth Certificate, Shot Record, Insurance Card, and Income (Tax Returns, Child Support, Work First, SSI, etc.)

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *							
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<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *							
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Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *							
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Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

Additional Child (Non-Applicant) *							
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Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information, Income & Contacts

Family Information							
Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)	Note (extension or best time to call)			Opt In for Text Messages	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Family Income							
Income Verified by				Verification Date	TANF Status		SSI
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)		Note
	\$		\$				
	\$		\$				
	\$		\$				
Income Notes							

Emergency Contacts								
Contact 1	Name	Relationship			Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	ZIP			City		State	
Contact 2	Phone Number 1	Phone Number 2		Phone Number 3				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				
Contact 3	Name	Relationship			Emergency Contact		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	ZIP			City		State	
Contact 3	Phone Number 1	Phone Number 2		Phone Number 3				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

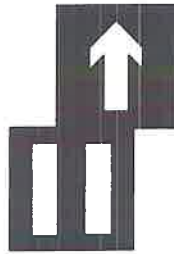
Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____

Date _____



Rockingham County
 Governmental Center
 Wentworth, NC 27375



Rockingham County
HEAD START
 591 NC HWY 65
 Reidsville, NC 27320
 (336) 349-4762
 Fax (336) 342-6634

STANDARD RELEASES

I, _____ (Parent or guardian of) _____

AGREE:

That any picture of my child may be used in newspaper, on display, on bulletin boards, or in other types of educational publications.

That I will comply with the rules and regulations of the Head Start program to the best of my ability.

That Head Start staff may arrange to visit me in my home when it is necessary. (I also understand that home visits are a requirement and are a part of the federal regulations.)

That my child may participate in all health activities in which dental, hearing, vision, speech, screenings and physical examinations are given as part of the Head Start program.

That Head Start personnel may provide transportation and professional treatment for my child in the case of an medical emergency. If neither I nor my family physician can be contacted, I authorize Head Start personnel to select a physician to treat my child.

That medical and dental services which medical and dental experts state are necessary for my child's health can be arranged by staff of Rockingham County Head Start and that reports or examinations and services rendered by health specialists can be released for Head Start records. I will try to accompany my child for health service appointments and provide transportation whenever possible.

That my child be evaluated by professionals in the field of mental health, if a need for evaluation is demonstrated, and for recommended services to be arranged by Head Start personnel.

That information in my child's records (i.e. physical, immunization records, reports from health professionals, nutrition or health forms, and handicap information) will be passed on to the schools and/or health delivery systems upon request by such. I understand that all information concerning my child and this application will be kept confidential and will be used only to improve my child's educational potential.

 Signature of parent/guardian



Rockingham County
 Governmental Center
 Wentworth, NC 27375



Rockingham County
HEAD START
 591 NC HWY 65
 Reidsville, NC 27320
 (336) 349-4762
 Fax (336) 342-6634

 Child's Name

 Center

I, _____ give my permission for
 _____ to release information to the Rockingham
 County Head Start program. This information is to be used only as verification of income for
 enrollment purposes in the Head Start program.

Applicant's Signature _____

Address _____

Witness _____

Date _____

Caseworker/Contact person _____

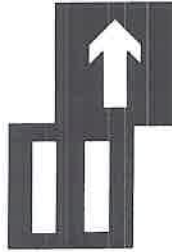
Benefit or Salary amount received from _____ to _____

Caseworker/Contact person signature _____

Date _____



Rockingham County
Governmental Center
Wentworth, NC 27375



Rockingham County
HEAD START
591 NC HWY 65
Reidsville, NC 27320
(336) 349-4762
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PERMISSION FOR RELEASE OF INFORMATION

I approve the release of any psychological, medical, and/or speech/language information concerning _____ which is on file at _____.

This information will be released to Rockingham County Head Start. It is my understanding that this information will be kept confidential and will be used only in assisting in planning an appropriate program for my child or for release to the Social Security Administration in the event that the guardians wishes to apply for SSI for this child.

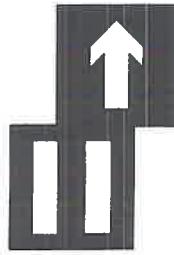
Signature _____

Relationship _____

Date _____



Rockingham County
 Governmental Center
 Wentworth, NC 27375



Rockingham County
HEAD START
 591 NC HWY 65
 Reidsville, NC 27320
 (336) 349-4762
 Fax (336) 342-6634

AUTHORIZATION TO RELEASE INFORMATION

Parent's Name: _____

Child(ren)'s Name: _____

I understand that the State of North Carolina has created a system that combines limited information about children and families who receive services from publicly-funded programs like the Head Start and Early Head Start programs into a single, statewide system called the NC Early Childhood Integrated Data System (NC ECIDS)

I understand that the purpose of NC ECIDS is to help provide answers to important policy and program questions about publicly-funded programs administered in North Carolina; as well as those questions that my local Head Start or Early Head Start program may have about the services offered in the county(ies) in which it operates.

I understand that NC ECIDS is requesting my permission to receive the following information about my child(ren) and family to be included in NC ECIDS:

- | | |
|-----------------------|------------------------------------|
| Child's Name* | Primary Language |
| Child's Date of Birth | Category of Enrollment Eligibility |
| Child's Gender | Health Insurance Status |
| Child's Race | |

**I understand that my child's name will never be released publicly in any report*

I understand that allowing data about my child(ren) and family to be released to NC ECIDS is voluntary and is not a requirement for my child to be enrolled in the Head Start or Early Head Start Program.

_____ I authorize Rockingham County Head Start to release the information about my child(ren)/family noted above to NC ECIDS

_____ I DO NOT authorize Rockingham County Head Start to release the information about my child(ren) family noted above to NC ECIDS

Please sign on the back

I understand that I may revoke this release of information at any time, in writing, except where the agency has already made disclosures in reliance upon my prior authorization.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child(ren): _____

Staff Signature: _____ Date: _____

This authorization expires 300 days after it is signed unless revoked earlier