



Program Year Applying for (check one): 2024-2025 2025-2026

ENROLLMENT APPLICATION

CHILD Information about the applicant child (Leave BLANK if Pregnant Mom Application)

First Name: _____ M.I.: _____ Last Name: _____ Birthdate: _____

Gender: Male Female Ethnicity: Hispanic Non-Hispanic Race: Asian Black Native Hawaiian or Pacific Islander American Indian or Alaskan Native White/Caucasian Hispanic/Latino

Primary Language: _____ 2nd Language: _____ Other: _____

Primary Language Spoken at Home: _____ English Proficiency: None Little Moderate Proficient

CHILD'S HEALTH Information about the Child's health, medical insurance, and other concerns

Child's Medicaid Eligibility: On Medicaid/Eligible Not Eligible Potentially Eligible

Child's Primary Health Coverage: Medicaid State Insurance No Insurance Private

Insurance Number: _____ Other Health Coverage (if applicable): _____

Child's Primary Physician/Clinic: _____

Dental Coverage: _____ Child's Dentist: _____

Family insurance status: Entire family insured Entire family uninsured Just Children insured

Does the child have Health or other concerns? Yes No **If YES, please check the appropriate item(s).**
 Nutrition Vision Concerns Child has allergies Hearing Aid Child has asthma Child needs to take medication
 Dental Problems Overweight Underweight Seizures Anemia High Lead levels Diabetes
 Other medical/dental/nutrition concern not listed above: _____

Does child have a disability (diagnosed by a doctor or specialist)? Yes No
If yes, what is the specific disability? _____

Does child receive any special education services? Yes No
If yes, what kind of services? _____

Does he/she have an Individual Education Plan or IEP or IFSP? Yes No
If yes, please provide details.

Do YOU have any concerns about your child in any of the areas listed below? **If YES, please check appropriate item(s).**
 Other medical/dental/nutrition concern not listed above: _____
 Other developmental concern not listed above: _____
 Other speech/language development concern not listed above: _____
 Other behavior/emotional concern not listed above: _____
 (Only check if NO CONCERNS are listed above.) I have reviewed the concerns listed above, and the child has NO NEEDS listed above at this time.

PRIMARY PARENT/GUARDIAN (S)**Information about the child's primary parent/guardian or Pregnant Mom Applicant**

First Name: _____ **M.I.:** _____ **Last Name:** _____ **Birthdate:** _____

Gender:

- Male
 Female

Ethnicity:

- Hispanic
 Non-Hispanic

Race:

- Asian
 Black

- Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native

- White/Caucasian
 Hispanic/Latino

1st Language: _____ **2nd Language:** _____ **English Proficiency:** None Little Moderate Proficient

Parental Status: Two Parents Single Parent - If single parent, do you receive child support? Yes No

Employment Status:

- Employed Unemployed
 Retired or Disabled In School/Training

Highest Grade Completed:

- Less than HS HS Diploma/GED
 Some College bachelor's degree/Higher

Relationship/title to Child:

- Mother Father Grandmother Grandfather Aunt Uncle Brother Sister Cousin
 Other: _____

Legal Relationship to Child:

- Biological Marriage (Step-Parent) Foster Adoption Custody Agreement

Marital Status:

- Single Domestic partnership—*not* child's biological mother/father Domestic partnership—is child's biological mother/father
 Married—spouse present Married—separated

Custody of child? Yes No **Live in the same household as child?** Yes No

TEEN parent (19 or younger) at the time of child's birth? Yes No

Do you receive subsidized childcare/day care? Yes No

Email Address: _____

Phone Number with area code <i>(Please provide more than 1 number with at least one cell number if possible.)</i>	Phone Type	When NOT to call	Can you receive TEXT messages?
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECONDARY PARENT/GUARDIAN (B)**Information about the child's secondary parent/guardian**

NOTE: The Primary Adult's information should not be repeated in this section, if secondary adult does not live in the home, please list them on the emergency and authorized contact sheet.

First Name: _____ **M.I.:** _____ **Last Name:** _____ **Birthdate:** _____

Gender:

- Male

Ethnicity:

- Hispanic

Race:

- Asian

- Native Hawaiian or Pacific Islander

- White/Caucasian

Female Non-Hispanic Black American Indian or Alaskan Native Hispanic/Latino

1st Language: _____ **2nd Language:** _____ **English Proficiency:** None Little Moderate Proficient

Parental Status: Two Parents Single Parent - If single parent, do you receive child support? Yes No

Employment Status:

Employed Unemployed
 Retired or Disabled In School/Training

Highest Grade Completed:

Less than HS HS Diploma/GED
 Some College bachelor's degree/Higher

Relationship/title to Child:

Mother Father Grandmother Grandfather Aunt Uncle Brother Sister Cousin
 Other: _____

Legal Relationship to Child:

Biological Marriage (Step-Parent) Foster Adoption Custody Agreement

Marital Status:

Single Domestic partnership—*not* child's biological mother/father Domestic partnership—is child's biological mother/father
 Married—spouse present Married—separated

Custody of child? Yes No **Live in the same household as child?** Yes No

TEEN parent (19 or younger) at the time of child's birth? Yes No

Do you receive subsidized childcare/day care? Yes No

Email Address: _____

Phone Number with area code <i>(Please provide more than 1 number with at least one cell number if possible.)</i>	Phone Type	When NOT to call	Can you receive TEXT messages?
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER HOUSEHOLD MEMBERS

List OTHER family members that are supported by the child's parent(s)/guardian(s) income

First, Middle Initial, Last Name	Date of Birth	Gender	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Additional children can be added to the back if you run out of room.

Total # of people living in the child's household (including child) a part of his/her family? _____

CHILD'S HOME**Information about the family's living situation / Contact information**

Living Address: _____ City/Zip Code: _____

Mailing Address (if different): _____ City/Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____ Can we text you? Yes No

Primary Email: _____ Secondary Email: _____

Housing Status: Rent or own home/apartment Own Home/Apartment**Homeless is defined as living:**

- In a shelter (family shelter, domestic violence, youth, or temporary housing)
- In a motel, hotel, or weekly rate housing
- Doubled up with friends or relatives because cannot afford housing (i.e. not by choice)
- In an abandoned building, other inadequate accommodations, or a vehicle
- On the street

Do any of these situations describe your family's living situation? Yes NoIs your family experiencing homelessness? Yes NoIs your family's housing situation temporary or inadequate? No Yes If YES, how long in this situation? _____ monthsIf yes, is it due to economic hardship? No Yes - If YES, do you need food/housing referrals? No YesIs your family living with (check all that apply, if any): drug abuse? alcohol abuse? incarceration? child support issues? domestic violence? serious health issue? mental health issue? None apply to our family.

Is your family currently dealing with legal issues such as (check all that apply, if any)

 Family Court? Divorce? Custody? Probation? Restraining order(s)? Incarceration? Other: _____? NO, MY FAMILY HAS NO LEGAL ISSUES.

If you checked any legal issues above, please clarify.

Anyone in the family Active-Duty Military? Yes NoAnyone in the family is a Military Veteran? Yes No**FAMILY SERVICES****Information about benefits/services received by family and other situations**

Family receives any of the following services or benefits. Please check all that apply:

- Food Stamps (SNAP) WIC TANF FITAP SSI Housing Services (Public Housing, Section 8)
- Utility/Energy Assistance Health Services Medicaid Private Insurance
- Mental Health Services Child Support Foster Care/Adoption Subsidy Emergency/Crisis Intervention
- Social Services other: _____
- NONE OF THE ABOVE

Are you interested in enrolling for SNAP benefits? Yes No

Are you interested in enrolling for WIC benefits ? Yes No

ADDITIONAL INFORMATION

Information about previous program(s) and program referral(s)

Has your child previously been enrolled in an Early Head Start Program? Yes No

If yes, which one? _____

Has your child previously been enrolled in a Head Start Program? Yes No

If yes, which one? _____

Has your child previously been enrolled in a childcare or preschool Program? Yes No

If yes, which one? _____

Are YOU or a FAMILY MEMBER a staff member of FSW Head Start? Yes No

If yes, who? _____

Has your child had a sibling previously enrolled in the FSW Head Start program? Yes No

If yes, is he/she currently enrolled? Yes No Specify dates of attendance: _____ to _____

How did you hear about FSW Early Head Start/Head Start? Word of mouth (friend/family) Flyer/Poster Billboard

Facebook Bus social media Someone who works at FSW Head Start

Referred by an agency (WIC, Children's Coalition, child support services, childcare subsidy, other)? Specify agency: _____

OTHER resource not listed: _____

PROGRAM OPTIONS

Please select the program options you are applying for your child

EARLY HEAD START PROGRAM (0-2 years)

- I am applying for Center Based (classroom setting)
 I am applying for Home Based (Educational Home Visits)

HEAD START PROGRAM (3-5 years)

- I am applying for Center Based (classroom setting)

Choices: 1st: _____ 2nd: _____ 3rd: _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

I certify under penalty and perjury that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until all documentation required is submitted, reviewed, and verified.

Parent/Guardian Signature: _____ Date: _____

Staff Name: _____ Date: _____

FOR STAFF USE ONLY

Date Application Received: ____ **Staff Name:** _____

Received /Method: Program Office Email Fax Mail Center: _____

Application Type: First Year Third Year - Head Start EHS to HS Transition Application



Head Start Enrollment Application

Family Services of Westchester, Inc. operates an Early Head Start/Head Start program that provides a free, high-quality educational experience for infants, toddlers, and preschool-aged children. Eligibility criteria apply to ensure that those most in need receive these services.

Please complete the application completely and accurately. All information will be kept strictly confidential. It will be used to determine if your family is eligible for Head Start and to prioritize your application. If you need assistance in completing the application, you may contact Ada Carrillo, ERSEA Coordinator at Cell: (914) 571-1046 or Email: ada.carrillo@fsw.org

Applications will be processed when all required documents are provided along with the completed application. Required documents:

- Certified Birth Certificate:** Birth certificate or baptismal records, passport, immunization record, letter from medical provider on office letterhead, and documentation of medical insurance.
- Two Proofs of Residency:** Acceptable documents include driver's license, state issued ID, utility bill, lease or rental agreement, mortgage statement.
- Eligibility Proof of income for the past year or the past 12 months:** 12 month pay stubs, W2, tax return, W9, child support payments, etc. **Or**
- Proof of Public Assistance:** SSI, TANAF or SNAP
- Photo Identification:** Driver's license, state issued ID, passport, or military ID
- Medical Form:** Complete medical packet or physical form from recent doctor's visit

General Information: Only a parent or legal guardian may sign this application. Please provide accurate and up-to-date phone numbers and contact information.

Eligibility: Documentation of income and eligibility requirements must be provided to complete your application. If your child is in Foster Care, he or she is categorically eligible, and income verification is not required. Documentation of eligibility is required.

Priority: Head Start does **not** process applications based on a first-come-first served basis. All applicants are placed on a waitlist. Information provided to us will determine your child's placement on the waitlist.

Enrollment: Initial selection occurs during the first week in June. Applications received prior to that date will be considered for initial enrollment. Applications received after June 1st will be placed on the Head Start waitlist.