



Date: \_\_\_\_\_

Dear \_\_\_\_\_,

Thank you for your interest in the EASTCONN Early Head Start and Head Start programs.

Enclosed is the application you requested. Please complete the application and make any notes in the comment section that you would like us to know about your child and/or family.

**Your child's application is not considered complete until we get the following information:**

- Completed application including signed permission form**
- Family Income Verification**
  - Income Tax Return (1<sup>st</sup> page only) or W-2, **OR**
  - Consecutive pay stubs (4 weeks), **OR**
  - Signed letter from your employer stating hours & pay rate, **OR**
  - Verification of State or Federal income (TANF, Social Security, Unemployment), Child Support
- Age Verification**
  - Birth Certificate or Hospital record/footprints or other documentation
- Residency Verification**
  - Current utility bill, lease agreement or paystub
- Up to date Physical Examination and Immunizations**

Your child's application is not complete until we receive the above information. If you have any questions or need assistance, please call me at 860-455-1586. I would be happy to talk to you more about Head Start and your child's application. Thank you.

Yours Truly,

Jen Snyder  
Enrollment Coordinator/Project Specialist

***Please send the application & the requested information to:***

Jen Snyder  
EASTCONN Head Start  
376 Hartford Turnpike  
Hampton, CT 06247

**OR**

Fax: 860-455-1005 **OR** Email to: [jsnyder@eastconn.org](mailto:jsnyder@eastconn.org)

**OR**

Bring to any of our EASTCONN Early Head Start & Head Start locations:

<b>Plainfield Head Start</b> 681 Norwich Road Plainfield CT 06374 Ph (860) 564-7787 Fax (860) 564-6409	<b>Plainfield Head Start</b> 10B Gorman Street Moosup CT 06354 Ph (860) 564-7199 Fax (860)564-2630	<b>Killingly Head Start</b> 1620 Upper Maple St. Dayville CT 06241 Ph (860) 779-0410 Fax (860) 779-1377	<b>Putnam Head Start</b> 33 Wicker Street Putnam CT 06260 Ph (860) 928-0004 Fax (860) 963-5357	<b>Killingly High School</b> 226 Putnam Pike Dayville CT 06241 Ph (860) 779-6793 Fax (860) 774-0846
--	--	---	--	---



Office use only

Application #: \_\_\_\_\_ Logged in on: \_\_\_\_\_ Staff initials: \_\_\_\_\_

# EASTCONN Early Head Start & Head Start Application for Enrollment

All information on this application will be kept confidential, so please answer all questions to the best of your knowledge. If you have any questions or need assistance, please call 860-455-1586.

Check it out - there is a brief description of our programs on the last page of the application

## CHILD INFORMATION

Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
EMAIL Address: \_\_\_\_\_ @ \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Sex:  Male  Female Child's Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Non-Hispanic/Non-Latino

Race:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White or Caucasian  Biracial/Multi-racial  Other: \_\_\_\_\_

Child Lives With:  Both Parents  Father  Mother  Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt # City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Apt # City State Zip Code

Is this child a foster child?  Yes  No

What language did your child learn to speak first? \_\_\_\_\_

What language is spoken by adults in your child's home? \_\_\_\_\_

What language does your child speak at home? \_\_\_\_\_

Are you concerned about your child's development (speech, behavior, play)?  Yes  No

If yes, explain: \_\_\_\_\_

My child has attended preschool or other early childhood program in the past:  Yes  No

If yes, where: \_\_\_\_\_ When? \_\_\_\_\_

Can you or other family members transport your child to and from school?  Yes  No



**HEALTH INFORMATION**

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your child been to the dentist within the last 6 months:  Yes  No

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has your child had a Physical Examination within the last 12 months:  Yes  No

Do you have health insurance coverage:  Yes  No

If yes, Health Insurance:  Husky A  Husky B  Private

Please tell us about any limitations, restrictions, or health concerns you have for your child.

Health Concern	Yes	No	Describe concern/reaction	Current Medications/Treatments
Asthma				
Seizures				
Other				
Allergies	Yes	No	List & describe reaction	Current Medications/Treatments
Food				
Insects				
Medications				
Other				

*If your child has a medical condition that requires medication at school, you will be required to submit a medication authorization form completed by your child's health care provider. If the medication required is for asthma, an asthma action plan completed by your child's provider is also required. If the medication is for a severe allergic reaction, you will also need an emergency treatment plan completed by the provider. For emergency and rescue medications, all paperwork, medication and, if needed, nebulizers/spacers have to be on site before the child can begin the program.*

Please indicate which services your family receives:

- Substance Abuse Program
- Food Bank
- Current DCF
- Cash Assistance/TANF
- SSI
- Unemployment
- Other \_\_\_\_\_
- Domestic Violence Program
- Care 4 Kids
- Past DCF
- Formally receiving TANF
- SSDI
- Energy Assistance
- Housing
- Migratory
- WIC
- Job's First
- SNAP (Food Stamps)
- Diaper Bank

Were you referred by a community agency?  Yes  No

If yes, agency name: \_\_\_\_\_ Contact person/phone: \_\_\_\_\_

Is there anything else you would like to tell us about your child or family? \_\_\_\_\_



*The information provided in this application is true to the best of my knowledge. I agree to contact EASTCONN Head Start in the event my phone number or address changes. I understand that if my income changes, I may submit new income verification at any time. I understand that this application is not considered complete until I submit income verification, age & residency verification and a copy of my child's physical and immunizations.*

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

04/2013, Rev 07/2014, Rev 01/2016, 1-2017

## **EASTCONN Early Head Start & Head Start**

**“Together we create opportunities, identify strengths, and build partnerships through nurturing relationships for lifelong learning and growth.”**

### **Early Head Start Center based**

**Locations: Killingly, Plainfield**  
**Serves: Children 6 wks – 3 years old**

*Family income meets federal income guidelines*

*Families must be working 24+ hours per week and/or in school/job training program*

*Safe & healthy learning environment*

*Home Visits & work on family goals with your Family Advocate*

*Socialization & School Readiness*

*Family support and access to community resources*

*Health & Developmental screenings*

*Full day*

*Sliding scale fees, healthy meals provided*

### **Early Head Start Home based**

**Locations: Northeast CT**  
**Serves: Pregnant women & children under 3 years old**

*Family income meets federal income guidelines*

*Weekly home visits and plan family goals with your Home Visitor*

*Playgroups and socialization for you and your child*

*Family support and access to community resources*

*Health & Developmental screenings*

*Free*

### **Head Start Center based**

**Locations: Killingly, Plainfield & Putnum**

**Serves: Preschool children turning 3 years old by January 1st**

*Family income meets federal income guidelines*

*Safe & healthy learning environment*

*Home Visits & work on family goals with your Family Advocate*

*Socialization & School Readiness*

*Family support and access to community resources*

*Health & Developmental screenings*

*Part day and full day options*

*Free, healthy meals provided*



## EASTCONN Head Start

### Parent/Guardian permission form / *Formulario de permiso de los padres/encargados*

NAME OF CHILD / *Nombre del niño(a)*: \_\_\_\_\_

DOB / *fecha de nacimiento*: \_\_\_\_\_

I give permission for EASTCONN Early Head Start and Head Start / *Autorizo al programa de EASTCONN Early Head Start and Head Start*

PLEASE CIRCLE ONE/ POR FAVOR CIRCULAR UNO

<p>1. To contact and exchange information with my child's physician, dentist, WIC, and the school district he/she will be attending (including Kindergarten) or the school district the classroom is housed in, in accordance with the HIPPA law.</p> <p><i>Para contactar o intercambiar información con la oficina del pediatra, WIC y las escuelas en que el niño(a) asistirá (incluyendo Kindergarten) o en el distrito escolar donde se encuentra el salón de clase, de acuerdo con las leyes de HIPPA.</i></p>	YES/SÍ	NO
<p>2. To contact and exchange information with Birth to Three, area local schools, and contracted mental health consultants that your child or family is working with.</p> <p><i>Comunicarse y intercambiar información con Birth to Three, sistemas escolares locales y consultores contratados de salud mental que su niño o familia está utilizando.</i></p>	YES/SÍ	NO
<p>3. To contact and exchange information with DCF.          DCF worker's name _____ and number _____</p> <p><i>Para contactar o intercambiar información con DCF.          Nombre del trabajador de DCF: _____ Número de teléfono: _____</i></p>	YES/SÍ	NO

Signature of Parent/Guardian / *Firma de los padres/encargados*: \_\_\_\_\_

Date / *Fecha*: \_\_\_\_\_

### 2-Gen EASTCONN Information Release Form

We would like to connect you with other EASTCONN programs and services that might be helpful, or of interest to you or your family. Please check the ones below that you would like to know more about. Then sign below, so we can connect you with EASTCONN staff who can help. *NOTE: EASTCONN offers all of these programs FREE of charge:*

#### Early Childhood Programs & Services

- \_\_\_\_\_ - Prenatal care (for pregnant women)
- \_\_\_\_\_ - Child care for kids, from birth to age 5
- \_\_\_\_\_ - Parenting education

#### Programs for Children, ages 5-18, and Young Adults

- \_\_\_\_\_ - After-school programs for young children
- \_\_\_\_\_ - Magnet school options for grades 9-12
- \_\_\_\_\_ - Summer Youth Employment for ages 16-21
- \_\_\_\_\_ - After high school education planning

#### Adult Education & Employment

- \_\_\_\_\_ - Job opportunities & help finding a job
- \_\_\_\_\_ - Job skills training
- \_\_\_\_\_ - High school completion classes (GED)
- \_\_\_\_\_ - U.S. citizenship preparation
- \_\_\_\_\_ - Financial literacy

**Please sign below if it is OK to share your name and contact information with EASTCONN staff, so you can learn more about the programs/services you just checked above.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Home Address (print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_