



SEVCA Head Start

4 Dunham Avenue
Windsor, VT 05089
Phone: 802-674-8419
E-mail: headstart@sevca.org
www.sevcaheadstart.org



Application for Enrollment

Child's Name		Date of Birth		Best way to contact you during enrollment			
				Male	Female	Phone	E-mail
Child is Living With (Check All That Apply)		Housing Situation		Housing Type		Emergency Contact/Phone #	
Mother	Father	Own	House	Shelter			
Foster Care	Grandparent	Rent	Apartment	Other			
Other		Homeless	Mobile Home				
Physical Address		Mailing Address				Phone	
Town & Zip Code		Town & Zip Code					
How did you hear about our program?							
Has your family been in a preschool or Head Start Program before?		If yes, what is the name of the program?		Does your Child have an IEP? (Individual Education Plan)		Do you need child care?	
Yes	No			Yes	No	Yes	No
Ethnic Origin		Race:		Do you have Internet access at home?		What is the Primary Language Spoken in the Home?	
Hispanic	American Indian	Alaskan Native	Yes		No	Yes	No
Non-Hispanic	Asian	Black/African American	Yes		No		
	Native Hawaiian	White					
	Biracial/Multi-Racial	Other					
Does your family partner with other program?		Reach-Up/TANF	WIC	Food Stamps	HCRS	Medicaid/Dr. Dyno	Adult Education
		Child Care Subsidy	SSI/SSDI	Job Training Program	None of these programs		

Parent/Guardian 1 Name Phone Number E-mail Address

Address Employer (Name, Address, Phone)

Parent/Guardian 2 Name Phone Number E-mail Address

Address Employer (Name, Address, Phone)

Name	Relationship	Date of Birth	Social Security #	Parent/Guardian Highest Level of Education	High School Diploma/GED
	Preschool Applicant				
	Parent/Guardian 1				
	Parent/Guardian 2				

Health Information

Type of Health Insurance Policy Number Allergies Daily Medications

Primary Care Physician Phone Date of last exam

Dentist Phone Date of last exam

How was this application completed?

In-Person Phone Zoom/Video Call Mail Other:

Is there any other information you would like to share with about your child/family such as: speech/developmental delays or concerns, family dynamics/changes, custody agreements, court orders involving the child, etc?

I certify that all of the information stated above is correct. I understand that the information provided will remain strictly confidential. By signing this application, I give permission for Head Start staff to access my child's immunization information on the VT State Registry.

Parent/Guardian Signature

Staff Signature

Date

Date

OFFICE USE ONLY

Income Verification:
Staff Please Attach

Eligible for program

Yes No

Manager's Sign Off

Income Tax Return

TANF

SSI

Pay Stub

Other

Over Income

Waiting List

Enrollment Date

Placement

Days and hours
of attendance

Date Letter
sent to Family

Director

Family Service Manager

Education Manager

ERSEA Coordinator

Child Care Manager

Health Support Coordinator

Special Needs

Notes