



EARLY HEAD START/HEAD START/COMMUNITY PARTNERSHIPS
ENROLLMENT APPLICATION

(All information will be kept confidential)



Child's Name Sex: M F SS # DOB
Race/Ethnicity (please circle) Black/Not Hispanic, White/Not Hispanic, Hispanic Origin, Native American/Alaskan, Asian/Pacific, Other
Child's Primary Language Medical Insurance Yes No

Parent/Guardian Name SS # DOB
Address address E-Mail address
(street town zipcode)

Home Phone Work Phone Cell Phone/Pager
Race/Ethnicity Primary Language Relationship to Child
Educational Level (please circle) 9-12/non graduate, high school grad/GED, some college, Bachelor's degree, Master's degree
Monthly Income \$ # of hours worked per week
Source of Income: (please circle) Wages, TANF, SS, V.A. Benefits, Child Support, Military Benefits, Unemployment

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Monthly Income \$ # of hours worked per week
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Family Type (please circle) Single Parent/Female, Single Parent/Male, Two-Parent Household, Foster Family

Table with 2 columns: Household Members (Name, Sex, DOB, School/Grade) and Housing Information (Own home, Rent, Homeless, Subsidized Housing, Community Shelter, Military Housing, Motel, Other). Includes Total # in Household at the bottom.

Do you have any concerns for child in the following areas: (please check if yes)

Table with 2 columns: Parental Concern and Receiving Services. Rows include Speech/Language, Social/Emotional, Physical Development, Health/Vision/Hearing, and Nutrition.

Please circle when you would like your child to start: Immediately Other (specify date)

Do You Have a Childcare Voucher? Yes / No
Early Head Start Only: Center Based Home Based
Head Start Only: Interested in: Part Day Full Day

Parent/Guardian Signature(s)
Date of Application
QCAP Staff Signature
Date of Entry

QCAP HEAD START
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