Please Return Application To:
Western Egyptian EOC Head Start
#1 Industrial Park
Steeleville, IL 62288
Phone (618) 965-3313
Fax (618) 965-9421

WESTERN EGYPTIAN ECONOMIC OPPORTUNITY COUNCIL HEAD START

CHILD APPLICATION FORM

Child's Full Name ______________________ Sex F M Age________ Birth Date__________

Parent/Guardian ____________________________ Birth Date______________________

Primary Phone _______________________ Alternate Phone ________________________

Address_______________________________________ City________________________

Email: ____

The best way to contact me: *Phone* *Text* *Email* *Stop by my home* *Mail*

Does your family speak a language other than English? No Yes Language* ______________

*Interpretation support can be provided for removing language, hearing or visual barriers to communication.

Child Lives With: Both Parents Mother Father Guardian __________________________

Marital Status: Married Divorced Widowed Single Separated

Family Dentist____ Phone ______________

Family Doctor____ Phone______________

In the past 6 months, has your child had a TB test? _____ Lead Test? _____ Physical? _____ Hemoglobin? _______

Was Your Child Referred By Another Agency, School Or Doctor Y N

If So, By Whom?____

Has Your Child Been Identified or is Currently Receiving Services For Any of These Concerns:

Development Delay *Mental Health* *Hearing* *Speech* *Vision* *Chronic Health Condition*

Name of Provider: ____

NAMES AND AGES OF HOUSEHOLD MEMBERS:

1. Parent/Guardian ___________________________ Birth Date________________________
2. Parent/Guardian___________________________ Birth Date________________________
3. ____ Birth Date________________________
4. ____ Birth Date________________________
5. ____ Birth Date________________________
6. ____ Birth Date________________________

FAMILY INCOME INFORMATION: You Must Provide Proof of Your Family's Income with this Application

FORMS OF INCOME VERIFICATION:

- Income Tax Form 1040
- W-2
- Written Statement from Employer
- Pay Stubs (1 month)
- Benefits Letter

SOURCES OF HOUSEHOLD INCOME

Please Check Each Source of Household Income, Fill in Monthly Amount and Provide Documentation for Each Source

☐ Employment	☐ Child Support Received	☐ Unemployment
☐ Self-Employment	☐ Pension	☐ Social Security
☐ SSI	☐ Other Disability	☐ No Income

Indicate the life events which would affect family income that have occurred in the past 12 months:

☐ birth ☐ marriage ☐ household member(s) deployed (military) ☐divorce
☐ foster children ☐ reduction in salary ☐ household member(s) incarcerated ☐ death
☐ homeless ☐ disabled

Please check any benefits received from *Illinois Department of Human Services*:

☐ TANF (cash assistance): Amount per month__________________

☐ SNAP (food stamps) ☐ Insurance: Child's Medical Card # ____________________

Select the center location(s) and program option(s) that best meets your family's needs:

PART-YEAR, PART-DAY OPTIONS

Part-Day sessions 4 hours/4 days per week
Monday-Thursday, scheduled months August-April
Bus Transportation Provided

☐ Chester ☐ Percy
☐ Evansville ☐ Perry County
☐ Sparta

FULL-YEAR, FULL-DAY OPTIONS

Full-Day sessions with child care
Weekly Monday-Friday scheduled 12 Months
Family Provides Transportation

☐ Coulterville ☐ Sparta
☐ Pinckneyville
☐ Kids R My Business, DuQuoin
☐ Lighthouse Learning Center, Columbia/Waterloo

How did you hear about Head Start?____

I hereby certify that the foregoing information is true and complete to the best of my knowledge. I understand this information is to be used for determining eligibility for the Head Start program. Incomplete or inaccurate information may prevent program staff from making such a decision.

X____

Signature of Parent/Guardian *Date* *Family and Community Partnership Manager* *Date*

To Be Completed By Central Office

Date Application Received ____________________
Date Acceptance/Rejection Letter Sent ____________________
OI IE UA WL
Date Income Verification Letter Sent ____________________
1st year: _____ 2nd Year: _____ Priority # __________

To Be Completed By Enrollment Staff
For Use During Registration

Staff Initial____________ Checked Income ____________

Checked Birth Cert.________ Date/Time________________