

Enrollment Application

Early Education Services
130 Birge St, Brattleboro, VT
802-254-3742

Child _____ Birthdate _____ Gender _____

Phone _____ Social Security Number _____

Primary Language _____ Race _____ Hispanic? **Yes No**

Are you Homeless? **Yes No** if Yes Living in: **Shelter Hotel With friends Other:** _____

Number of Adults in Household _____ Number of Children in Household _____

Previous Childcare Experience? **No Yes, at** _____

Is The Child in Foster Care? **Yes No** Does The Family Have Transportation? **Yes No**

Does The child Have an IEP? **Yes No** Does The Child Have Any Special Needs/Disabilities? **Yes No**

Did Anyone Refer You to Our Program? _____

Program Applying For:

Head Start: **Canal Street Westminster** Day Length: **School Day Full Day**

Early Head Start: **Canal Street Birge Street Westminster Home Based Services** (a home visitor comes to your home)

*Families must be eligible for Vermont Childcare Financial Assistance to attend our center based programs.
Families not receiving 100% subsidy will be charged a co-pay*

Parent/Guardian _____ Birthdate _____

Early Head Start Prenatal Applicant? **Yes No** If yes, due date _____

Address _____ Phone _____

Social Security Number _____ Race _____

Highest Grade Completed _____ Primary Language _____ Married? **Yes No**

Lives with child? **Yes No** Has Legal Custody? **Yes No** Receives Reach Up? **Yes No** SSI? **Yes No**

Employed? **Full Time Part Time Unemployed** Name of Employer _____

Estimated Wages _____ **weekly bi-weekly** Do you Receive Child Support? **Yes No**

Attending School or Training? **Yes No** Are you pregnant? **Yes No** Do You Receive WIC? **Yes No**

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