Enrollment Application

130 Birge Street
Brattleboro
Vermont 05301
802.254.3742 voice
802.254.3750 fax

Child____ Birthdate________________ Gender_______

Social Security Number________________________________ Primary Language___________________________

Early Head Start Prenatal Applicant? **Yes** **No** If yes, due date___________ Race__________________ Hispanic? **Yes** **No**

Are you Experiencing Homelessness? **Yes** **No** if yes, living in: **Shelter** **Hotel** **With friends/family** **Other**: ____________

Number of Adults in Household _______ Number of Children in Household ______ Is The Child in Foster Care? **Yes** **No**

Previous Childcare Experience? **No** **Yes, at** ___________________________ Does the child have an IEP? **Yes** **No**

Does The Child Have Any Special Needs/Disabilities? **Yes** **No** Does The Family Have Transportation? **Yes** **No**

Did Anyone Refer You to Our Program? ____

Program Applying For:

Head Start: **Canal Street** **Westminster** Day Length: **Full Day** **Early Drop off** **Late Pick up**

Early Head Start: **Canal Street** **ITC** **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_______________

Relationship to Child ____________________________________ Phone____ ____________________ Text □

Street Address ____________________________________Zip Code __________ Email Address ____________________________

Mailing Address ____

Social Security Number___________________ Race_____________ Hispanic **Yes** **No** 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** Estimated Wages __________**weekly** **bi-weekly** Employer _______________

Attending School or Training? **Yes** **No** Highest Grade Completed __________Are you Military? **Yes** **No** if yes **Active** **Veteran**

Are you pregnant? **Yes** **No** Do you Receive Child Support? **Yes** **No** Receive WIC? **Yes** **No** Receives SNAP **Yes** **No**

Parent/Guardian____ Birthdate_______________

Relationship to child ____________________________________ Phone____ ____________________ Text □

Address (if different) ____ Email Address ____________________________

Social Security Number___________________ Race_____________ Hispanic **Yes** **No** Primary Language_____________________

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Health Information and History

Doctor's Name	Dentist Name
Health Insurance	Dental Insurance

Other Doctor or Specialist

Please list any prescription and non-prescription medication your child takes regularly:

Your child will not be given medication at school without a physician's note

List all allergies (food or other):

Has your child been prescribed medication for an allergic reaction? **Yes** **No**

Does your child have any of the following

Asthma **Yes** **No** Anemia **Yes** **No**

Diabetes **Yes** **No** Seizures **Yes** **No**

Was your child premature? **Yes** **No** Other ______________________

Does your child have trouble hearing **Yes** **No** Use hearing device **Yes** **No**

Does your child have trouble seeing **Yes** **No** Has your child ever worn glasses? **Yes** **No**

Social – Emotional Development

Does your child have:

Problems getting along with other children the same age? **Yes** **No** **Sometimes**

Problems getting along with other family members? **Yes** **No** **Sometimes**

Problems sleeping? **Yes** **No** **Sometimes**

Temper tantrums? **Yes** **No** **Sometimes**

Severe Fears? **Yes** **No** **Sometimes**

Aggressive behaviors? **Yes** **No** **Sometimes**

Extreme shyness? **Yes** **No** **Sometimes**

Problems separating from parents? **Yes** **No** **Sometimes**

Other behavior concerns you may have____

Does your child currently receive mental health services? **Yes** **No**

Name of Agency____

I understand all information and certify this information to be correct to the best of my knowledge. All information will be kept strictly confidential

Parent/Guardian Signature ____ Date__________

Parent/Guardian Signature ____ Date__________