Early Education SERVICES

Enrollment Application

130 Birge Street
Brattleboro
Vermont 05301
802.254.3742 voice
802.254.3750 fax

Child_____ Birthdate_____ Gender_____

Social Security Number_____ Primary Language _____Race_____ Hispanic? **Yes** ☐ **No** ☐

Number of Adults in Household _____ Number of Children in Household_____ Is The Child in Foster Care? **Yes**☐ **No**☐

Are you Experiencing Homelessness? **Yes**☐ **No**☐

If yes, living in: **Shelter**☐ **Hotel**☐ **With friends**☐**/family**☐ **Other**: _____

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** ☐**Oak Grove** *Day Length*: ☐**Full Day** ☐**Early Drop off** ☐ **Late Pick up**

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

☐ **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 opt in □

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 opt in □

Address (if different) _____ Email 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**

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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_____