

HEAD START EARLY HEAD START Application Process

***No child is automatically accepted. Every child is put on a waiting list.
A quick application does not guarantee acceptance into the program.***

Our programs do not operate on a first-come / first-served basis. When an opening becomes available in the option you requested, all children on the waiting list for that option are considered.

To complete a quick application, you can:

- Call or come into your local Head Start office.
- Print a mail-in form from our website

**The following required information can be mailed or brought into our office.
Your child is not eligible for selection without the following information.**

1. Proof of your total household income for the last 12 months (paycheck stubs, tax statement, child support, public assistance, etc.)
2. An official copy of your child's birth certificate.
3. If your child has a disability that affects his ability to learn – we'll need a copy of your child's IEP/ IFSP.
4. If applicable – A copy of any legal documentation (guardianship, adoption, etc.)

The attached mail-in form and required documents can be either:

Mailed:

Family Services Coordinator
1000 Main St.
Forest Park, GA 30297

OR

Brought in:

Your local Head Start Center

For more information phone:

South Avenue: 404-363-3103 Brookwood: 678-788-8920 Bizee Brains: 678-479-2500 ext.32

The computer gives points to determine acceptance into the program. If your child is selected, a Family Specialist will contact you to schedule an enrollment visit.

Place a check next to the information that is true about your household:

- Child you are applying for has been the victim of documented child abuse or neglect
- You are homeless
- Child you are applying for has a documented disability that affects his ability to learn
- You are currently in the military or a veteran
- Receive SNAP (Food Stamps)
- Receive WIC
- You are on subsidized housing

Referral (Specify): _____

DATE of Application: _____
Head Start & Early Head Start
Mail-In Application Form

I certify the information given below for CSA EHS/HS is correct and true. I understand that should the program determine that the information given is false or incorrect; my child could be dropped from the program.

PRINT CLEARLY

Child's Name: _____ Date of Birth: _____ Male Female
 Phone #: _____ Other phone #: _____ Email: _____

Address & City: _____ HHW# _____

Race: White African-American Biracial Other

Ethnicity: Hispanic Non-Hispanic

Language: English Spanish Other

Parent/ Guardian Name/DOB: _____ Lives in the house with the child? Yes No

Parent Employment Status: Employed Full-Time Employed Part-Time Employed Seasonally
 Unemployed Retired Disabled Full Time Student

Is this person enrolled in school or job training? Yes- full time Yes-part time No

Parent/ Guardian Education Level: 9th or less 10th or 11th High school graduate GED
 Associate Degree, Vocational School, or some college An advanced degree or baccalaureate degree

Language: English Spanish Other

Parent/ Guardian Name/DOB: _____ Lives in the house with the child? Yes No

Parent Employment Status: Employed Full-Time Employed Part-Time Employed Seasonally
 Unemployed Retired Disabled Full Time Student

Is this person enrolled in school or job training? Yes- full time Yes-part time No

Parent/ Guardian Education Level: 10th or 11th 9th or less High school graduate GED
 Associate Degree, Vocational School, or some college An advanced degree or baccalaureate degree

Language: English Spanish Other

Other people living in house with child:

NAME

DATE OF BIRTH

RELATIONSHIP TO CHILD
