

Washington Morgan

COMMUNITY ACTION



Head Start Program Application

Washington Morgan Community Action's Head Start is a free preschool program for children ages 3–5. Children who are 4 years old before or on August 1st in Washington County and September 30th in Morgan County will be accepted first.

Head Start is an income based program, so family income must be at or below a level established by the federal government. If you would like a copy of the income guidelines, it is available from the Office of Head Start. Although priority is given to the neediest children, each application is reviewed individually, taking into consideration any special needs of the child or family.

Head Start provides children with activities and a learning environment that help prepare them for kindergarten. In addition, Head Start provides these services for your child and family:

- Learning based on your child's individual needs
- Healthy, nutritious meals
- Special services for children with disabilities
- Sensory and developmental screenings
- On-going progress monitoring and assessment of child's abilities
- Referrals to community agencies to help meet family needs
- Ways to help parents become better parents
- Opportunities to volunteer and be involved

To ensure accuracy in processing, please complete all of the questions on this application. **Print this form and fill it out by hand, or type the information into the boxes before printing it out.**

Return the application with a copy of your child's birth certificate, family income, and custody papers, if applicable, to your local Head Start Center or to:

WMCAP Head Start Program
218 Putnam Street
Marietta, Ohio 457505

If you have any questions about your submitted application, please call (740) 373-3745.

Please keep this page for your records.

Head Start Program Application

1. Please choose an option for your child's participation in Head Start.
Please read the following ways that your child can attend Head Start and mark the one you would like: Please note that this is your preference at time of application. Placement is not guaranteed until enrollment.

Office Use Only

Date Received _____

Staff Initials _____

In-person Interview

Head Start Part Day Center

Center based programs serve children in a Head Start classroom four days per week for 3.5 hours per session.

Marietta (Edwards) AM PM

Belpre AM PM

Learning Center (Ewing) AM PM

Head Start 6-Hour Class

Center based programs serve children in a Head Start classroom four days per week for 6 hours per session.

New Matamoras AM PM

Marietta (Edwards) AM PM

Malta (Play and Learn) AM PM

Head Start Home Base

A Home Visitor visits each family once per week for 1-1/2 hours to use the home environment to help parents create rich learning experiences to support their child's development and learning.

Washington County Home Base

Morgan County Home Base

Please list the town nearest to your home:

2. Has this child participated in Head Start or Early Head Start before? YES NO

Child's Name:

Child's Age: Child's Date of Birth:

Mother's Name: Living in Home? YES NO

Father's Name: Living in Home? YES NO

Home Phone: Cell Phone:

If no phone, a number where we can leave a message:

Email:

Address:

Have you ever been to court regarding custody? YES NO *If yes, please attach a copy of custody papers.*

Is your child on an IEP (Individual Education Program)? YES NO *If yes, please attach a copy of Page 1 of the IEP.*

Date of child's last health check or physical exam:

Date of child's last dental exam, if applicable:

If your child is enrolled, Head Start requires a physical exam (within the past 12 months) including vision, hearing, and bloodwork and a dental visit (within the past 6 months).

- 3.** Please list all FAMILY Household Members. A “family” is all persons living in the household who are supported by the income of the child’s parents or guardians and related to the parents or guardians by blood, marriage or adoption.

If you need to add more family members, use a separate piece of paper and attach to this application.

Name of Family Member	Relationship to Head Start Child	Date of Birth

Are you or your children (check all that apply):

- In emergency or transitional housing
- Residing in a motel or campground
- Doubled up or staying with friends/family due to economic hardship
- Staying in a car, park, or public area
- Sleeping in an area that is not designed for, or ordinarily used as a regular sleeping space such as an office, dining room, unfinished basement, etc.

Please include a copy of the child’s birth certificate and copies of all income of any adult related to the child in the home. We are an income based program and need exact income from the past year.

Verification of income may include:

- W2 or 1040 Federal Tax Forms
- SSI Statement showing total amount received
- Child Support statement showing total amount received
- Unemployment statement showing total amount received
- Grant/Scholarship statement showing total amount received
- ADC/Cash assistance statement showing total amount received
- Most recent paystub

I receive Ohio Works First/ADC/SSI Amount received monthly \$

My income for last year \$

I certify the above information on this application is true and correct. If my family is found to be over the income guidelines, I understand I will be placed on an “over-income” waiting list which does not guarantee placement. I also understand that completing this application DOES NOT AUTOMATICALLY ENROLL MY CHILD IN THE HEAD START PROGRAM. Notification of denial or enrollment will follow at a later date.

Parent/Guardian Signature Date

How did you hear about Head Start? Please check all that apply.

- Friend Flier TV/Radio Past parent/student Head Start employee Other