



Head Start Application

Washington Morgan Community Action's Head Start is a free preschool program for children age 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 the questions on the application. Return the application with a copy of your child's birth certificate, family income, and custody papers, if applicable. Please tear off this page and keep it for your records.

For more information or questions about your submitted Head Start application, please call (740) 373-3745.



This institution is an equal opportunity provider.



Washington Morgan

COMMUNITY ACTION

Return Application to your local
Head Start Center or:
Washington Morgan Community Action
Head Start Program
218 Putnam Street
Marietta, Ohio 45750
(740) 373 - 3745

Office Use Only

Date Received _____ Staff Initials: _____

In-person Interview _____

Part 1: 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.

Head Start Part Day Centers

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 classroom four days per week for 6 hours per session

New Matamoras _____

Marietta (Edwards) _____

Malta (Play and Learn) _____

Head Start Home Base

A Home Visitor visits each family once per week for 1 ½ 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 nearest town to your home:

Part 2: Child Information – Please complete all of the following information:

Has this child attended Head Start or Early Head Start before? _____ Yes _____ No

Child's Name: _____ Male _____ Female

Child's Date of Birth ____/____/____ Child's Age _____

Parent Name: Mother _____ Living in home ____ Yes ____ No

Father _____ Living in home ____ Yes ____ No

Guardian, if applicable _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

If no phone, a message number (____) _____ Email: _____

Address _____

Street Address

City

State

Zip

Have you ever been to court regarding custody? _____ Yes _____ No

(If yes, please attach a copy of custody papers to the application)

Is your child on an IEP(Individual Education Plan)? ____ Yes ____ No If yes, please attach a copy of Page 1

Date of child's last Healthchek or Physical exam _____ Dental Exam _____

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

Part 2, continued: Please complete all of the following information

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.)

Name of Family Members	Relationship to HS Child	Date of Birth

** If you need to add additional family members, please add information to separate paper and attach to application.*

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. 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?

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