**PROGRAM OPTIONS** ❑ Traditional ½ day Program (AM/PM) ❑ Home Based

❑ Center Based with Child Care

*❑Gambier ❑ Fredericktown ❑ Mount Vernon*

School District of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex □ Male □ Female

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_ Age on August 1 \_\_\_\_\_\_\_

**SPECIAL NEEDS/DISABILITY/MEDICAL NEEDS:** Does your child have a suspected or diagnosed disability/special need? Any serious medical needs?

❑ YES ❑ NO IF YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message/Secondary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Adults \_\_\_\_\_\_\_\_\_ Number of Children \_\_\_\_\_\_

Mother (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_\_

Father (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_/\_\_\_\_/\_\_\_\_\_\_

Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_

Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_

Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_/\_\_/\_\_\_\_\_

Estimated Annual Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SSI  TANF/OWF  FOSTER CHILD  HOMELESS  EMPLOYMENT

Do you give Knox County Head Start permission to share your information with Knox County Educational Service Center and Mount Vernon City Schools in the event that Knox County Head Start cannot enroll your child?

**YES** ❑  **NO** ❑

**HOW DID YOU FIND OUT ABOUT KNOX COUNTY HEAD START? (PLEASE CHECK ONE)**

❑ Phone Book ❑ Walk-In ❑Internet ❑ knoxlink.org ❑ Radio ❑ Friend ❑ Former Parent ❑ GRADS

❑ Former Student ❑ Referral (AGENCY & NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY CONTACT LOG

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| --- | --- |
| Date of contact | Comments |
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Notes entered into Genesis Earth on:

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***Only if Child has been enrolled***