



GLEN COVE CHILD DAY CARE CENTER, INC. / HEAD START

P.O. BOX 191 Glen Cove, NY 11542 Telephone: 516-671-2880 Fax: 516-671-7401

GLEN COVE CHILD DAY CARE CENTER/ HEAD START APPLICATION INSTRUCTIONS

Please fill out this application completely. All information will be used to determine your child's eligibility for our program. **IF YOU NEED HELP IN COMPLETING THE APPLICATION OR HAVE ANY QUESTIONS, PLEASE CONTACT US AT 516-671-2880.**

Please understand that our Head Start program is a need-based program. It is not based on a first come –first serve basis. Those children with the highest need according to our Policy Council approved Selection Criteria will receive the highest priority for enrollment into the program. If there is any additional information about your child that you feel would be important for our staff to know. Please note that on the application and any documentation that you may have support that concern. (Doctor's concerns, development delays as per school district, IEP, Early Intervention Services, etc).

Important General Information:

1. If you move or change your phone number after you complete the application, it is your responsibility to notify us.
2. You **MUST** provide us with proof of the child's date of birth. (Birth certificate, baptismal certificate, hospital documentation).
3. You do not need to provide us with the child's social security number in order to be eligible for Head Start.

INCOME INFORMATION

1. You must submit some type of income documentation in order to complete the application process and have the child placed on the waiting list. (Pay stubs, personal check, employment letter, W-2) Those applications that do not have this documentation cannot be considered for program enrollment.
2. If you receive Temporary Assistance to Needy Families (TANF) or Supplementary Security Income (SSI) you are automatically qualified for Head Start. Documentation of the receipt of these types of incomes should be submitted with your application.
3. If you receive any other type of income or any other assistance program (child support, WIC, Snap, Section 8, etc) please submit that documentation with your application.

Once you have completed the application information and gathered the necessary documentation listed above-please submit your application to the front- office. You will be contracted regarding the status of your application.



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Application Date: _____

CHILD'S INFORMATION

Child's First Name _____ Child's Last Name _____ Date of Birth _____

Social Security# _____ Place of Birth _____

Does Child Have Health Insurance Yes _____ NO _____

HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Social Security _____

Date of Birth _____ Place of Birth _____ Martial Status _____

Address _____

Home # _____ Cell # _____ Work # _____

Employer's Name _____ #of days per week _____ # hours per day _____ Income _____

Direccion del trabajo _____

SPOUSE INFORMATION

Last Name _____ First Name _____ Social Security# _____

Date of Birth _____ Place of Birth _____ Martial Status _____

Address _____

Home # _____ Cell # _____ Work # _____

Employer's Name _____ #of days per week _____ Hours _____ Imcome _____

Address _____

How did you hear abot our program ? _____

Do you receive TANF/SSI ? _____

Are ther any concerns about your child's development ? _____

HOUSEHOLD INFORMATION, PLEASE LIST ANYONE ELSE WHO RESIDES IN THE HOUSEHOLD.

Name _____ DOB _____ Relation to child _____

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Name _____ DOB. _____ Relation to child _____