



Glen Cove Child Day Care Center, Inc

1 Carney Street Ext. PO Box 191 Glen Cove, NY 11542

Phone: (516) 671-2880 Fax: (516) 671-7401

Glen Cove Child Day Care Center, Inc./ 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 an income and 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).

Please submit the following documentation to assist us determine your family's eligibility and to have your child's name placed on our wait list:

Proof of child's date of birth: (please bring ONE)

- Birth Certificate
- Passport or
- Baptismal Certificate

Family Income Information: (PLEASE BRING ANY THAT APPLIES TO YOUR FAMILY)

- SSI
- Homeless letter
- Foster Care letter
- Public Assistance (TANF)
- Foster Care Reimbursement letter
- Income Tax Form 1040 (previous year)
- W-2 Form (previous year)
- Pay Envelopes/ Pay Stub (most recent one)
- Unemployment letter
- Written Statement from Employer (including amount paid, hours and days worked)

******Please note that The Head Start Program is a Federal Funded program and employment verification might be conducted prior to your child's enrollment******

If you receive any other type of income or any other assistance program (child support, WIC, SNAP, Section 8, etc) please submit documentation along 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 contacted regarding the status of your application. If you move or change your phone number after you completed the application, it is your responsibility to notify us



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Date: _____

CHILD'S INFORMATION

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

Place of Birth _____ Does Child Have Health Insurance Yes _____ No _____

HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Date of Birth _____

Email Address _____ Occupation _____

Address _____

Home # _____ Cell # _____ Work # _____

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

Employer's Address _____

SPOUSE INFORMATION

Last Name _____ First Name _____ Date of Birth _____

Email Address _____ Occupation _____

Address _____

Home # _____ Cell # _____ Work # _____

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

Employer's Address _____

How did you hear about our program? _____ Do you receive TANF/SSI? _____

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

Have your Family been affected by the COVID-19 Pandemic? If so, how? _____

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

Name _____ DOB _____ Relation to child _____

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