

BLUE GRASS HEAD START
 ADMINISTRATIVE OFFICE
 III PROFESSIONAL COURT
 FRANKFORT, KENTUCKY 40601
 (502)695-4290 OR 800-456-6571

Serving
 Anderson (502) 839-7202 Mercer-Boyle (859) 734-4788
 Franklin (502) 227-1511 Woodford (859) 873-6579
 Jessamine (859)858-2585

CHILD APPLICATION

All services provided by the Blue Grass Head Start Program are provided free regardless of race, color, sex, disability or national origin. There is no discrimination in admission policy, meal service, or the use of facilities.

Child's Legal Name:

First	Middle	Last	Birthday
Sex: Male Female	Child's Social Security Number:		
Race: Circle one: Black White Hispanic Native American Asian/Pacific Bi-Racial Other	Does child receive Medical Card? Yes No If yes, what is the medical card number? Does child have health insurance? Yes No If yes, what is the health insurance name and number?		
Does your child have a disability or special need? Yes No Suspected If yes, what is the diagnosis, date of diagnosis and source of diagnosis?			

Parent or Guardian Name:

First	Middle	Last	Birthday
Sex: Male Female	Social Security Number:	Race:	

Do you have custody of your child? Yes No

Family Information:

Living Address:	Zip:	City	State
Home Phone:	Other Phone:		
E-mail Address: (Optional)			
Parental Status: One Two Foster Non-Parent Grandparent	Number of Persons in family:	Number in household:	
Number of children by age 0-3: 4-5: Older:	Primary Language in Home:	Is your family homeless?	
Is a member of your family on active military duty?	Do you receive SNAP?	Do you receive WIC?	
Does your family receive KTAP?	Does your family receive SSI?	Does your family receive Kinship Care?	

(OVER)

Family Income Information (list all income family receives):

Family Name	Member	Amount	Per (week, month, bi-weekly)	X	Annual Income	From Whom

Weekly X 52= Annual Income

Every 2 weeks X 26 = Annual Income

Twice a month X 24 = Annual Income

Verifying Staff Member

Total Yearly Income of Family: _____

Family Members Not Previously Listed on Application

Name (First and Last)	Date of Birth	Social Security Number	Sex

TRANSPORTATION INFORMATION

I, _____ give the Blue Grass Head Start Program permission to transport said child to and/or from their homes/day care center each day in Head Start buses as a part of the program's services.

Pick-up location: _____

Drop-off location: _____

Directions to home and pick-up/drop-off locations: _____

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Staff Interview Signature: _____

Date: _____

Phone Interview: Reason why necessary? _____
