



Early Childhood Learning Center
of
Greene County
P.O. Box 399
South Cairo, NY 12482

We believe that parents are the primary educators of their children. Parents and Teachers work together in partnership to address the needs and holistic growth of each child so that learning will be supported in the home and at school reflecting and honoring the lives of children, their families, and their communities.

ECLC HEAD START PROGRAM APPLICATION

We are pleased to provide you with an application form to enroll your family in the ECLC HEAD START PROGRAM of Greene County.

Application Instructions:

1. Complete all pages of the application form during interview process.
2. Provide proof of income (individual income tax form 1040, W2, 4 pay stubs, written statements from employers, or documentation showing current status of recipients of public assistance).
3. A copy of your child's birth certificate.
4. A copy of your child's immunization card.
5. Documentation if your child is in Early Intervention or receiving any CPSE services.
6. Without the above information, your child's application cannot be processed.

Guidelines for Enrollment:

- Your family must live in Greene County
- Your child must be 3 or 4 years old by December 1st of the current year. (Applications will be taken for 3 year olds, however since enrollment is limited, a 3-year-old may be put on a waiting list).
- The child must be a member of an income eligible family and/or meet the criteria.

TRANSPORTATION:

- You will be asked to come to a pick up point.

For more information or to make an appointment call: (518) 622-2033

Early Childhood Learning Center
PO Box 399
South Cairo, NY 12482
Date: _____

Center: _____
Hours: _____
Meals served: Breakfast,
lunch and/or snack
Income eligible: Yes or No

Head Start Program Application Form

School Year _____

(Please Print)

Child's Name: _____ Male or Female (circle one)

Date of Birth: _____ DOB Verification: _____ (Birth Cert.) County of Residence _____

Mailing Address: _____

Home Address: _____
(if different from mailing)

Home Phone: _____ Daytime Phone: _____ School District: _____

Parent/Guardian _____ Parent/Guardian _____

Mother's Place of Employment: _____ Phone # _____

Father's Place of Employment: _____ Phone # _____

Marital Status: Single Married Separated Divorced Widowed

Race/Ethnicity: (optional) American Indian or Alaska Native Asian Black or African American _____

Hispanic or Latino Origin Native Hawaiian or other Pacific Islander White _____

Bi-Racial or Multi-Racial Other _____

Directions to home: _____

Head Start Child's Health Insurance: _____ Doctor: _____

Head Start Child's Dental Insurance: _____ Dentist: _____

PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD

Name (first & last)	Birth date	Income
(Mom) _____	_____	_____
(Dad) _____	_____	_____
(Children) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rank # _____

