



Regional Consolidated Services Head Start Application Program Year- 2022-2023

Please keep this page for your information

What is Head Start?

Head Start is a federal funded program and a fun and exciting learning opportunity for children. They develop many skills, which make the transition to kindergarten easier. Head Start classrooms in our community operate six and a half hours a day Monday through Friday from September to first week of June. RCS Head Start classes are located in Caswell, Alamance, and Randolph counties. The program is at no cost to qualifying families. We use eligibility criteria to make sure we serve the most needed families first. Space is limited and some children may be placed on a wait list. Head Start enroll children throughout the school year, as long slots are open.

Should I apply?

- Child must turn three or four years of age on or before **August 31, 2022** to be considered for the upcoming 2022-2023 school year;

If you are interested in applying, please return application and supporting documents to one of the sites listed at the bottom of the page. Completing this application does not guarantee participation in the Pre-Kindergarten program.

What you will need to apply:

- Completed Application
- Proof of Birth (Birth Certificate, Medical Records, or Immunization Records)
- Proof of income (1040, W-2, Child Support, Social Security, Retirement, Disability, Unemployment Benefits, Workers Compensation, Public Assistance/Work First Benefits, Military pay or 3 consecutive paystubs).

Each parent or guardian that is not employed or does not have a regular source of income will be required to complete a statement regarding no income and list the source of support for the family.

- Proof of Residency (current utility bill or rental agreement)

Proof of immunization card will be required at enrollment.

If Applicable, proof of Health Insurance will be required

*Submit an application to the following Address
Caswell county Community Head Start
2260 NC Hwy 86 North
Yanceyville, NC 27379
Call for assistance at (336) 694-5053*

*For more information you may contact us at:
Head Start Junction
421 Alamance Rd.
Burlington, NC 27215
(336) 436-0202*



2022-2023 RCS Head Start-Preschool Application

Please complete all information on this application so that we can accurately determine your child's eligibility.

CHILD'S INFORMATION

Child's name _____ **Date of Birth** _____
First Middle Last

Child's Address _____
Street City State Zip County

Mailing Address _____
If different from above Street City State Zip

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Hispanic/Latino White or European American

Gender Male Female

Child's Primary Language _____ **Parent's primary language** _____

FAMILY INFORMATION

Who does the child live with?

- Mother and Father Single Mother Single Father Parent & Stepparent Joint Custody
 Grandparent(s) Foster parent(s) Legal Guardian Other _____

Does your family currently have a stable living arrangement?

- Yes No Prefer not to answer (*please explain*) _____

Parent/Guardian 1 _____ **Resides w/child** YES NO

Home Phone Number _____ **Cell Phone** _____

Email address: _____

Parent/Guardian 2 _____ **Resides w/child** YES NO

Home Phone Number _____ **Cell Phone** _____

Email address: _____

What is the child's family size? _____ **Total Number of family supported by the Income of Parent or legal guardian** _____

Please list the names of ALL family members that live in the household.	Relationship to the Head Start child (e.g. mother, father, grandparent, sister, brother, aunt, uncle, stepparent, foster parent, other)	Date of Birth	Where do siblings attend school?
1.			
2.			
3.			
4.			
5.			

Are the parent/guardian in this family employed or enrolled in school? Please check.

- Parent/Guardian 1:** **Employed** YES NO **Employer name:** _____ F/T P/T
Seeking Employment YES NO
Enrolled In School YES NO **School name:** _____
- Parent/Guardian 2:** **Employed** YES NO **Employer name:** _____ F/T P/T

Seeking Employment YES NO

Enrolled In School YES NO

School name: _____

Submit documentation for ALL that apply

Parent/Legal guardian #1 (check all sources of Income)	Parent/Legal guardian #2 (check all sources of Income)
Employment Income _____ <input type="checkbox"/>	Employment Income _____ <input type="checkbox"/>
Public Assistance (SSI) /Work First _____ <input type="checkbox"/>	Public Assistance (SSI) /Work First _____ <input type="checkbox"/>
Unemployment Benefit/Worker's compensation _____ <input type="checkbox"/>	Unemployment Benefit/Worker's compensation _____ <input type="checkbox"/>
Child Support _____ <input type="checkbox"/>	Child Support _____ <input type="checkbox"/>
Social Security Benefit _____ <input type="checkbox"/>	Social Security Benefit _____ <input type="checkbox"/>

Please circle the highest level of education completed:

Parent/Guardian 1: 1 2 3 4 5 6 7 8 9 10 11 12- some college HS Diploma GED AA BA/BS or higher

Parent/Guardian 2: 1 2 3 4 5 6 7 8 9 10 11 12-Some College HS Diploma GED AA BA/BS or higher

OTHER INFORMATION

- Since birth, has this child ever been enrolled in a preschool, child care center, or home day care? YES NO
- Is child currently enrolled in a preschool, child care center, or home day care? _____ YES NO
- Does your child have a chronic health condition? (Documentation from physician required) YES NO
If yes, what is the health condition? _____
- Does your child need assistance with potty training? YES NO
- Has your child been identified or referred with a Special Need? YES NO
- If yes, does child have Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP)? YES NO
If yes, please specify **(check all that apply)**

- Speech Physical Therapy Educational Services Autism Developmental Delay
- Mental Health Identified disability-Please specify _____

How did you hear about the program? _____

PARENT RESPONSIBILITY AND PARTICIPATION

- I understand this is an application for services offered and does not constitute enrollment into any program.
- I certify that the information given on this application is true and accurate and all income has been reported.
- I understand this information is being given for receipt of federal and/or state funds. Officials may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable federal and/or state laws.
- The information on this form may be used only in the determination of eligibility for the Head Start programs. I hereby release the information so that my child may be considered for the program.
- I understand that if my child is selected to participate in the Head Start program parent Engagement/ involvement will be critical to the success of my child, and I/we commit to participate as required by the program criteria.
- I authorize the Caswell County Head Start to use the information in this application for the purpose of determining eligibility.

I certify that the information given on this application is true and accurate and all income has been reported. I understand this information is being given for the receipt of services provided by federal funding. Officials may verify the information on this application. Deliberate misrepresentation may result in the removal of my child from the program.

Parent/Guardian Signature _____ Date _____