



**3 Year Old Application**

**Fayette County Child Development, Inc.**  
 102 Hunter Street. Oak Hill. WV.25901  
 Phone: 304-465-5613 Fax: 304-465-1831

**Child's Full Name:** \_\_\_\_\_  
**Nickname:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Birth Place:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_  
**Race/Ethnicity:** \_\_\_\_\_ **Sex:** M or F  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_

**Family Data**

**Parent/ Guardian Name:** \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Job/School: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Level of Education: \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Job/School: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Level of Education: \_\_\_\_\_

**Child Lives With (Circle One):**  
 Both Parents- Single Parent Mother-  
 Single Parent Father- Foster Family- Other Relative-  
 Non-Relative- Parenting Plan- Other \_\_\_\_\_

**Other Persons in the Home:** Please List Below

Name	Relationship	DOB

**Total Number of Persons in the home:** \_\_\_\_\_

**Types of Services/Assistance Received**  
*(Circle all that apply):* None- Medicaid/Medicare-  
 Food Stamps-TANF (Welfare)-Unemployment-  
 Supplemental Security Income (SSI) –  
 Foster Care/Adoptive Subsidy- WIC – EPSDT –  
 Public Housing Assistance- Energy Program  
 Assistance- Child Support- Alimony-  
 Other: \_\_\_\_\_

**Child's Health Information:**  
 Doctor's Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Dentist Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Family Demographics (circle one)**  
 Own- Rent- Exchange for Services- Make No payments  
 Subsidized Housing- Other: \_\_\_\_\_  
**Type:** House- Apartment-Mobile Home- Hotel/Motel  
 Community Shelter- Other: \_\_\_\_\_  
**Length of Time at current address:** Less than 6 months-  
 6-12 months-1-2 years-more than 2 years  
**Number of times family has moved in 12 months:**  
 Family has not moved- Once- Twice- Three- Four  
 or More

**Directions to Home:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family Income**

Type of Income	Amount	How Often
Military Benefits		
Child Support		
Veteran's Benefit		
Social Security		
SSI		
TANF		
Unemployment		
Worker's Comp		
Alimony		
Wages		

**Total Monthly Income:** \_\_\_\_\_  
**Total Annual Income:** \_\_\_\_\_

**Income can be verified by: Welfare Card - Tax Return-  
 W-2- Pay Stub or Other:** \_\_\_\_\_

**Please Continue to the back**



**Emergency Contacts:**

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent/ Guardian Agreement**

1. To provide all information need for Head Start files, included, but limited to, proof of income, birth certificate, shot records, and social security card.
2. To allow staff to make home visits during the school year at my convenience.
3. To send child to school every day that he/she is able.

*I certify that the information on this form is accurate and truthful to the best of my knowledge. I understand that if any of this information changes, or is found to be incorrect, I am obligated to notify the program immediately.*

\_\_\_\_\_  
**Signature of the Parent/Guardian** **Date**

\_\_\_\_\_  
**Signature of Head Start Staff** **Date**