



**Fayette County Child Development, Inc.**

102 Hunter Street  
Oak Hill, WV 25901

Phone: 304-465-5613 Fax: 304-465-1831

**Early Head Start Application for Enrollment**

**INFANT/TODDLERS:**

**Option/Area:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Directions to the Home: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Family Data**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Job/School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Job/School: \_\_\_\_\_

Phone #: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Child Lives with (Circle One): Both Parents      Single Parent Mother      Single Parent Father

Foster Family      Other Relative      Non-Relative      Other

Parenting Plan in Place?      Yes      No

Number of People in Family: \_\_\_\_\_

Types of Services/Assistance Received: (circle all that apply)

None      Medicaid/Medicare      TANF      Child Support      SSI

WIC      EPSDT      Alimony      Food Stamps      Foster Care/Adoption Subsidy

Public Housing Assistance: HUD      Energy Assistance (LIEAP)

Other: \_\_\_\_\_

Are You or Your Spouse Currently Employed?      YES      No

**Emergency Contacts:**

Name

Relationship

Phone #

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**Family Income:**

Monthly:

Military Benefits: \_\_\_\_\_

Child Support: \_\_\_\_\_

Veteran's Benefits: \_\_\_\_\_

Social Security: \_\_\_\_\_

SSI: \_\_\_\_\_

TANF: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Worker's Comp.: \_\_\_\_\_

Other: \_\_\_\_\_

Employment: Weekly: \_\_\_\_\_

Every Two Weeks: \_\_\_\_\_

Total Yearly Income: \_\_\_\_\_

*I certify the information provided on this form is accurate and truthful to the best of my knowledge.*

Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Head Start Staff: \_\_\_\_\_

Date: \_\_\_\_\_