BLUE GRASS HEAD START
Administrative Office
11 1 Professional Court
Frankfort, Kentucky 40601
(502) 695-4290 or (800) 456-6571

Serving:			
Anderson	(502) 839-7202	Jessamine	(859) 858-2585
Boyle	(859) 236-1139	Mercer	(859) 734-4788
Franklin	(502) 227-1511	Woodford	(859) 873-6579

CHILD APPLICATION

All services provided by the Blue Grass Head Start 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	Last	Nickname
Date of Birth:	Sex: circle one Male Female	Child's Social Security #:
Race: circle one Black White Hispanic Native Asian/Pacific Bi-Racial Other:		

Does child receive medical card? Yes No

If yes, what is the medical card number? _____

Does the child have health insurance? Yes No

If yes, what is the name of the insurance and the card number? _____

Does the child have a disability or special need? Yes No Suspected

If yes, what is the diagnosis, date of diagnosis, and source of diagnosis? _____

_____

Family Information				
Parent/Guardian Name: First	Last:			
Parent/Guardian Date of Birth:	Parent/Guardian Social Security #:			
Address:	City:	State:	Zip:	County:
Primary Phone #: ( )	Other Phone# ( )			
Number of Persons in Household	Number of Persons in Family:	Number of Children by Age: 0- 3: 4-5:		
Parental Status: One Two Foster Non-Parent Grandparent	Language used in home:			

Does your family receive any of the following: (circle one)

KTAP/TANF	Yes	No
SSI	Yes	No
WIC	Yes	No
Kinship Care	Yes	No
Subsidized Child Care	Yes	No

(over)

Family Income Information (List all income family receives)					
Family Member Name	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**

_____ **Total Yearly Income of Family: $_____**

Verifying Staff Member

Family Members Not Previously Listed on Application			
Name (First & 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/daycare 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 location: _____

_____

_____

Parent/Guardian Signature: _____ **Date:** _____