

Passaic Family Head Start, Inc.

Passaic, NJ 07055
(973) 365-5808 FAX (973) 458-9380



ENROLLMENT APPLICATION

DO NOT WRITE IN THIS SPACE. OFFICE USE ONLY			
I.D. No. _____	Priority No. _____	PY 20__ - 20__	P3 <input type="checkbox"/> P4 <input type="checkbox"/>
Appl. completed _____	Date selected _____	Enrollment Date _____	
Comments _____			
Application rec'd by: _____			
		WPI <input type="checkbox"/>	Aspen Pl. <input type="checkbox"/>
		OI <input type="checkbox"/>	Third St. <input type="checkbox"/>
		DROP <input type="checkbox"/>	Highland <input type="checkbox"/>

The following information is used to determine your eligibility for this program and is considered confidential.
**IN ORDER FOR YOUR CHILD TO BE CONSIDERED FOR ENROLLMENT, YOU MUST BRING THIS COMPLETED APPLICATION, ALONG WITH THE FOLLOWING RECORDS, TO ONE OF THE FOLLOWING CENTERS:
68 THIRD ST. ♦ 91 HIGHLAND AVE. ♦ 23 ASPEN PL. (SIDE ENTRANCE)**

- Child's Birth Certificate
- Child's Immunization Record
- Child's Social Security Card
- Three (3) proofs of City of Passaic residency such as: Telephone, Cable or Utility bill, Driver's License, Deed, Rent Receipt Lease Agreement
- Proof of all Household income (1040 Income Tax Form, TANF grant letter, SSI, Unemployment letter, Etc).

A Social Service staff member must review and initial this form. If you cannot return it to the center due to disability or other circumstances, please call and other arrangements will be made.

Childs' Name _____ Gender _____
FIRST MIDDLE LAST

Child's Birthdate _____ Child's Primary Language _____ Home Language _____

Parent or Guardian's Name _____ Home Telephone _____

Address _____ Apt. # _____ Other Telephone _____
(Work, Cell)

Is your child disabled? Yes _____ No _____ If Yes, Please explain. _____

Is your child enrolled in another program, such as TCP, CP Center, Early Intervention Services, etc., or on a waiting list?
Yes _____ No _____ If yes, please explain. _____

If your telephone number or address changes, please call us so we will be able to contact you about your child's enrollment in the program!