

Head Start Interest Form



**COMMUNITY ACTION
HEAD START &
EARLY LEARNING PROGRAMS**

Date: _____

Child Applicant's Name: _____

Date Of Birth: _____ Gender: _____ Primary Language: _____

Does child have a documented special need or disability? Yes | No

Does child have allergies/asthma or other medical condition? Yes | No

Child's Address: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Primary Language: _____ Phone #: _____

Email Address: _____ Town: _____

Household Income Source(s) (Check all that apply): Employment Child Support

SSI DTA Cash Benefits SS Other _____

If pregnant and applying for Early Head Start services, expected due date: _____

Do you need interpretation services? Yes | No

Other Children in the Home:

2nd Child's Name: _____ DOB: _____

3rd Child's Name: _____ DOB: _____

4th Child's Name: _____ DOB: _____

Is there anything else you would like to add/share?

Please Call (413) 387-1250 or Mail/Fax to:

Franklin County:

HS & ELP Enrollment Office
110 G Street
Turners Falls, MA

Fax: **(413) 863-3603**

Western Hampden County:

HS & ELP Enrollment Office
390 Southampton Road
Westfield, MA 01085

Fax: **(413) 572-0387**

Hampshire County:

HS & ELP Enrollment Office
56 Vernon Street
Northampton, MA 01060

Fax: **(413) 582-4210**

Apply Online: www.communityaction.us