

# Enrollment Application

FOR OFFICE USE ONLY
Verified Disability: Yes _____ No _____
LS _____ MS _____ VS _____
Name: _____
Title: _____
Date: _____

<p style="text-align: center;"><b>Keystone School District/ Keystone SMILES Pre-K Counts</b></p> <p>Phone: (814)797-2127 Fax: (814)797-5439 PO Box 352, 518 Main St. Knox, PA 16232</p>	<p style="text-align: center;"><b>Jefferson-Clarion Head Start, Inc.</b></p> <p>Phone: (814)849-3660 1-800-628-6150 Fax: (814) 849-6235</p> <p>18 Western Ave. Suite C, Brookville, PA 15825</p>	<p style="text-align: center;"><b>Jefferson-Clarion Early Head Start</b></p> <p>Phone: (814)849-3660 1-800-628-6150 Fax: (814) 849-6235</p> <p>18 Western Ave. Suite C, Brookville, PA 15825</p>
<b>JCHS Pre-K Counts 1-888-623-7735</b>		

FOR OFFICE USE ONLY
Date Verified: _____ Pts: _____
Eligibility _____
Early HS _____ School Age _____ 3 _____ 4
Date Enrolled: _____
_____ EHS _____ HS _____ Pre-K
Date Re-Enrolled: _____
Date Withdrawn: _____

**I. Please Check the Services That You Are Applying for:**

Children 3 to 5 years: \_\_\_\_\_ Children Birth to 3 Years: \_\_\_\_\_ Pregnant Woman: \_\_\_\_\_

**II. Child/Family Information:**

A. Child or Pregnant Woman's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

B. Address: \_\_\_\_\_ County: \_\_\_\_\_ School District: \_\_\_\_\_

C. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Nearest Phone: \_\_\_\_\_

Email: \_\_\_\_\_

D. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E. Child or Pregnant Woman's Race/Ethnicity (*Provision of information is voluntary and has no effect on determination of eligibility*)

**Race:** \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American  
 \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Bi-Racial

**Ethnicity:** \_\_\_\_\_ Hispanic/Latino Origin \_\_\_\_\_ Non-Hispanic/Non-Latino Origin

F. Child's Legal Guardians:

Name	Date of Birth	Social Security #	Education Level (Grade, GED, Post-Secondary)
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Name	Date of Birth	Social Security #	Education Level (Grade, GED, Post-Secondary)
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G. Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Foster Family \_\_\_\_\_ Other (Relationship)

H. Other children residing at home:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**(Continued on other side)**

