



SOUTH SHORE EARLY EDUCATION APPLICATION FOR ENROLLMENT

PLYMOUTH

South Shore Early Education
196 South Meadow Road
Plymouth, MA 02360
Telephone: (508) 746-0333
M-F: 7:30 am - 5:30 pm
Half Day & Full Day Programs

MARSHFIELD

South Shore Early Education
832 Webster Street
Marshfield, MA 02050
Telephone: (781) 837-6837
M-F: 7:00 am - 5:00 pm
Half Day & Full Day Programs

- HEAD START
- EARLY HEAD START
- EEC
- INFANT TODDLER
- PRE-SCHOOL

••• PLEASE CALL IF YOU NEED HELP IN FILLING OUT THIS FORM OR TO REQUEST A FORM IN YOUR FIRST LANGUAGE •••

DATE: _____ SCHOOL YEAR: _____ CHILD'S AGE: _____ DATE OF BIRTH: _____

PROGRAM OF INTEREST: EARLY HEAD START HEAD START EEC EEC/EXTENDED DAYCARE INFANT/TODDLER PRESCHOOL OTHER

CHILD'S NAME: _____
Last Name First Name Middle Initial

GENDER:

- MALE
- FEMALE

NICK NAME: _____
if applicable

ADDRESS: _____
Street Town State Zip Code

MAILING ADDRESS: _____
If Different From Above Street Town State Zip Code

TELEPHONE: _____ EMERGENCY PHONE: _____ EMAIL: _____

••• FAMILY INFORMATION – PLEASE INDICATE ALL INDIVIDUALS LIVING IN HOUSEHOLD •••

| NAME | DATE OF BIRTH | HEALTH INSURANCE | RELATIONSHIP TO CHILD | |
|------|---------------|------------------|---------------------------------|--|
| | | | <i>Mother or Legal Guardian</i> | |
| | | | <i>Father or Legal Guardian</i> | |
| | | | | |
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| | | | | |

TOTAL NUMBER IN HOUSEHOLD: _____ HOW DID YOU HEAR ABOUT US: FRIEND AGENCY NEWSPAPER ONLINE RADIO OTHER



SOUTH SHORE EARLY EDUCATION

APPLICATION FOR ENROLLMENT

PLYMOUTH | MARSHFIELD

OFFICE USE ONLY:

DATE OF ENROLLMENT: _____

INCOME ELIGIBLE:

- | | |
|------------------------------|---|
| <input type="checkbox"/> HS | <input type="checkbox"/> OVER INCOME |
| <input type="checkbox"/> EHS | <input type="checkbox"/> SPECIAL NEEDS |
| <input type="checkbox"/> EEC | <input type="checkbox"/> OTHER PRIORITY |

••• CHILD INFORMATION •••

RACE (CHECK ONLY ONE)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE | <input type="checkbox"/> WHITE | <input type="checkbox"/> REFUSED |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> UNSPECIFIED |
| <input type="checkbox"/> BI-RACIAL/MULTI-RACIAL | _____ | |

ETHNICITY:

- CHILD'S ETHNICITY IS LATINO OR HISPANIC

LANGUAGE SPOKEN AT HOME:

- Primary:** ENGLISH OTHER: _____
- Secondary:** ENGLISH OTHER: _____

CONCERNS ABOUT CHILD'S OVERALL HEALTH AND DEVELOPMENT?

- YES NO DESCRIBE CONCERNS: _____

Concerns expressed by:

- Family Member
 Medical Provider
 Primary Care Provider
 Social Services Agency
 Program Staff
- Other: _____

••• HEAD OF HOUSEHOLD •••

NAME:

| Record Employment Details for past 24 months: | | Employer Name / Address / Phone Number: | ANNUAL INCOME |
|---|-----------------|---|---------------|
| <i>Date From:</i> | <i>Date To:</i> | | |
| <i>Date From:</i> | <i>Date To:</i> | | |
| TOTAL FAMILY INCOME | | | |

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS CORRECT. I UNDERSTAND THAT RECORDS OF IMMUNIZATION AND A PHYSICAL NOT MORE THAN 12 MONTHS PRIOR TO THE DATE OF ENTRANCE ARE REQUIRED IF MY CHILD IS ACCEPTED INTO THE PROGRAM.

Signature of Parent or Guardian

Date

SOUTH SHORE EARLY EDUCATION IN ACCORDANCE WITH THE U.S. DEPT. OF AGRICULTURE (USDA) PROHIBITS DISCRIMINATION IN ALL ITS PROGRAMS AND ACTIVITIES ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY AND WHERE APPLICABLE, SEX, MARITAL STATUS, FAMILIAL STATUS, PARENTAL STATUS, RELIGION, SEXUAL ORIENTATION, GENETIC INFORMATION, POLITICAL BELIEFS, REPRISAL, OR BECAUSE ALL OR PART OF AN INDIVIDUAL'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM.