



**Middle Kentucky Head Start Temporary Enrollment Form**

Name of Child: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Does your child have a disability or special need? If yes, please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently receiving any services?

First Steps: \_\_\_\_\_ Speech Therapy: \_\_\_\_\_ Other Services: \_\_\_\_\_

Estimate of Yearly Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Assistance Programs: SNAP \_\_\_\_\_ TANF \_\_\_\_\_ SSI \_\_\_\_\_ Foster Care \_\_\_\_\_

Below is a list of items also needed for enrollment:

\_\_\_\_ Social Security numbers \_\_\_\_ Birthdate verification \_\_\_\_ Proof of income or assistance

\_\_\_\_ Physical Exam \_\_\_\_ Vision Exam \_\_\_\_ Dental Exam \_\_\_\_ Immunization Certificate \_\_\_\_ Insurance Card Copy