**Head Start**

**2025-2026 Enrollment Application**

St Johns County School District Head Start provides a free pre-school program and comprehensive health and social services to eligible three- and four-year-old children and their families living in St. Johns County.

**Please complete the application completely and accurately. All information will be kept strictly confidential. It will be used to determine if your family is eligible for Head Start and to prioritize your application. If you need assistance in completing the application, you may contact the Head Start office at (904) 547-8957.**

Applications will be processed when all required documents are provided along with the completed application. Required documents:

**Certified Birth Certificate** Available at the Office of Vital Statistics at the Florida Department of Health in St. Johns County or from the county/state that the child was born

**Two Proofs of Residency** Acceptable documents include driver’s license, state issued ID, utility bill, lease or rental agreement, mortgage statement.

**Eligibility Proof of income for the past year or the past 12 months:** 12 month pay subs, W2, tax return, W9, child support payments, etc.

**Or**

**Proof of Public Assistance:** SSI, TANAF or SNAP

**Photo Identification** Driver’s license, state issued ID, passport, or military ID

**General Information:** Only a parent or legal guardian may sign this application. Please provide accurate and up-to-date phone numbers and contact information.

**Eligibility:** Documentation of income and eligibility requirements must be provided to complete your application. If your child is in Foster Care, he or she is categorically eligible, and income verification is not required. Documentation of eligibility is required.

**Priority:** Head Start does **not** process applications based on a first come-first served basis. All applicants are placed on a waitlist. Information provided to us will determine your child’s placement on the waitlist.

**Enrollment:** Initial selection occurs during the first week in June. Applications received prior to that date will be considered for initial enrollment. Applications received after June 1st will be placed on the Head Start waitlist.

**Family Member Information**

How did you hear about Head Start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Parent or Guardian:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact Phone Number (circle one) Home Work Cell

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

Race: (check all that apply)

□ Black □ White □ Multi-racial/Bi-racial □ Asian □ Native American

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

□ Hispanic □ Non-Hispanic

Highest Grade Completed: \_\_\_\_\_\_\_ Graduated/GED? Yes No

Are you currently a student? ⁭ Yes ⁭ No If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: □ Full Time □ Part Time □ Seasonal □ Unemployed □ Retired

Place of employment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Custody of child ⁭ yes ⁭no**

Age of parent at first child’s birth

Primary language of this adult family member: □ English □ Spanish □ Other \_\_\_\_\_\_\_\_\_\_\_\_

Primary Caregiver: □ Lives with family □ Provides Financial Support □ Teen Parent **(check all that apply)**

Do you currently have health insurance coverage for yourself? Yes No

If yes, with whom ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Parent or Guardian:**  (additional forms available for adding parents/guardians)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact Phone Number (circle one) Home Work Cell

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

Race: (check all that apply)

□ Black □ White □ Multi-racial/Bi-racial □ Asian □ Native American

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

□ Hispanic □ Non-Hispanic

Highest Grade Completed: \_\_\_\_\_\_\_ Graduated/GED? yes no

Are you currently a student? ⁭yes ⁭ no If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: □ Full Time □ Part Time □ Seasonal □ Unemployed □ Retired

Place of employment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Custody of child ⁭ yes ⁭ no**

Age of parent at first child’s birth

Primary language of this adult family member: ⁭ English ⁭ Spanish □ Other \_\_\_\_\_\_\_\_\_\_\_

Secondary Caregiver: □ Lives with family □ Provides Financial Support □ Teen Parent **(Check all that apply)**

Office Use Only:

**Child Information:** (Head Start age eligible child)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: ⁭ Male ⁭ Female

Child lives with:

\_\_\_\_\_Two parents

\_\_\_\_\_ Single mother \_\_\_\_\_ Single mother living with partner

**\_\_\_**\_\_ Single father \_\_\_\_\_ Single father living with partner

\_\_\_\_\_ Parent(s) living with relatives \_\_\_\_\_ Guardian – documentation required

\_\_\_\_\_ Foster family – documentation required

\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: (check all that apply)

⁭ Black ⁭ White ⁭ Multi-racial/Bi-racial ⁭ Asian

⁭ Native American ⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: ⁭ Hispanic ⁭ Non-Hispanic

Primary Language: ⁭ English ⁭ Spanish ⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Type ⁭ Private ⁭ Medicaid ⁭Military □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had a recent physical exam? Yes No If so, Month/Year \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Plan: □ Medicaid □ Private \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**St. Johns County School District does not provide transportation for Head Start Students.**

How will this child get to/from school? ⁭ parent ⁭ childcare ⁭ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Family Members**

In order to determine if your family income is at or below the Federal Poverty Guidelines, we must know how many people are in your family as well as your total family income. For our purposes, a family is “…all persons living in the same household who are (1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program, and (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption”.

**Please list all people in the household who are supported by the parent(s) or guardian(s) applying for Head Start.**

Name Birth Date Gender Relationship to Parent/Guardian Race

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Family Information**

**General Household Information:**

Living Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ \_\_\_\_\_\_\_\_\_\_ street city zip

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ street city zip

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in Household \_\_\_\_\_ Number in Family \_\_\_\_\_\_ Total number of children \_\_\_\_\_\_\_

Primary Language at Home: ⁭ English ⁭ Spanish ⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TANF** ⁭ yes ⁭ no ⁭ formerly **SSI** ⁭ yes ⁭ no

**EBT/ Food Assistance**  ⁭ yes ⁭ no **WIC** ⁭ yes ⁭ no

**Episcopal Children’s Services** ⁭ yes ⁭ no

Other agencies providing services to your child/family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you receive Child Support?** ⁭yes ⁭ no

**If yes, how much in the past 12 months? \_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts**  (other than parent/guardian)

|  |  |
| --- | --- |
| Name: | Relationship to child: |
| Address: | Home phone number: |
| City: State: Zip: | Cell phone number: |
|  | Work phone number: |
| **⁭ □ Emergency Contact** | **⁭ □ Child may be released to this person** |

|  |  |
| --- | --- |
| Name: | Relationship to child: |
| Address: | Home phone number: |
| City: State: Zip: | Cell phone number: |
|  | Work phone number: |
| **⁭ □ Emergency Contact** | **⁭ □ Child may be released to this person** |

|  |  |
| --- | --- |
| Name: | Relationship to child: |
| Address: | Home phone number: |
| City: State: Zip: | Cell phone number: |
|  | Work phone number: |
| **⁭ □ Emergency Contact** | **⁭ □ Child may be released to this person** |

Office Use Only:

Office Use Only:

**Priority**

Office Use Only:

**The following information will determine your child’s eligibility priority. This information is maintained in your child’s confidential application file. Please check all that apply.**

**Diagnosed** issues currently affecting your child:

□ ADHD / ADD □ Hearing Impairment □ Asthma (requiring medication)

□ Heart Condition □ Visual Impairment □ Diabetes

□ Severe Tooth Decay □ Speech / Language Delay □ Emotional / Behavioral Disorder

□ Developmental Delay □ Autism

□ Seizure Disorder (requiring medication)

⁭ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⁭ None

Do you **suspect** any of the above issues to be affecting your child: ⁭ Yes ⁭ No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you suspect any **other issues** to be affecting your child: ⁭ Yes ⁭ No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Environmental** issues currently affecting your child:

□ Child Abuse & Neglect □ Domestic Violence

□ Drug or Alcohol Abuse □ Divorce (within past 24 months)

□ Incarceration of a parent □ Disabled Parent/Guardian (receiving benefits)

□ Parent Active Duty Military □ Teen Parent (previously or currently)

* Death of immediate family member (within 24 months)
* Receiving services through DCF (foster care, protective services, Family Integrity Program, etc.)
* Homelessness (includes families living temporarily in shelters, hotels, or vehicles or moving frequently between the homes of relatives and friends)
* Other issues (pregnancy, previous homelessness, family health concerns, etc.)

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Truth Statement**

I certify that the information I have provided is true. I also understand that the information provided in this application will be held in the strictest confidence within the St. Johns County School District and is accessible to me by appointment during normal business hours.

I authorize Head Start to verify my family income and circumstances with my employer or other agency, if necessary. I understand that if I deliberately misrepresent my family income or circumstances, my family may not be eligible for further services.

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

Parent/Guardian Signature Date

Office Use Only:

School Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Start Site:

Requested School Site (see above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_