



Schenectady Community  
Action Program

*Creating Opportunity in Partnership*

Andrea Adrian's Day Care

Our Precious Sprouts Day Care

## Early Head Start Child Care Partnership (EHS-CCP) Application for Enrollment

### **Applications will only be reviewed once all of the following is received:**

- A copy of the child's birth certificate or other acceptable proof of age
- Photo identification for parents/ guardians in the child's home
- Proof of residency dated within the last 30 Days
- Copy of the child's most recent physical (SCAP form attached)
- Copy of child's medical ID card
- Copy of Immunization Records (SCAP form attached)
- Stamped Receipt from Day Care Assistance and/or Approval Letter
- Documentation to verify household income received in the previous year. Accepted income verification documents include:
  - Income Tax Forms (1040) **(preferred)** \*
  - W-2 Forms
  - Public Assistance
  - SSI Award Letter
  - Unemployment Compensation
  - Rental Property (If you have tenants that pay rent)
  - At least 4 paystubs from the **previous year** with the year to date amount

**Early Head Start - Child Care Partnership Office  
920 Albany Street – 118 B  
Schenectady, NY 12307  
(518) 377-2015**

**First Parent/Guardian Information**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Are you currently:

\_\_\_\_\_ Attending School

Where and what hours:

\_\_\_\_\_ Working

\_\_\_\_\_

\_\_\_\_\_ In a Training Program

Primary Language: \_\_\_\_\_

Primary Ethnicity: Latino/Non-Latino (circle one)

Race: Asian / Black / Middle Eastern / Bi-Racial / Multi-Racial / Caucasian / Native American / Other (circle one)

**Second Parent/Guardian Information**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Are you currently:

\_\_\_\_\_ Attending School

Where and what hours:

\_\_\_\_\_ Working

\_\_\_\_\_

\_\_\_\_\_ In a Training Program

Primary Language: \_\_\_\_\_

Primary Ethnicity: Latino/Non-Latino (circle one)

Race: Asian / Black / Middle Eastern / Bi-Racial / Multi-Racial / Caucasian / Native American / Other (circle one)

**Child Information**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Primary Ethnicity: Latino/Non-Latino (circle one)

Race: Asian / Black / Middle Eastern / Bi-Racial / Multi-Racial / Caucasian / Native American / Other (circle one)

\*\* Is the child enrolled in Parsons Early Head Start Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the mother/guardian currently pregnant? YES \_\_\_\_\_ NO \_\_\_\_\_

Was the pregnancy with **the child you are applying for** considered high-risk? YES \_\_\_\_\_ NO \_\_\_\_\_

Why: \_\_\_\_\_

Was he/she born three or more weeks before the due date? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE LIST ALL OF THE PEOPLE THAT LIVE IN YOUR HOUSEHOLD IN THE SPACES PROVIDED BELOW:**  
**If you need additional space, please attach a separate sheet of paper.**

Name:	DOB:	Relationship To Applicant:	Special Needs:
1.	___/___/___		
2.	___/___/___		
3.	___/___/___		
4.	___/___/___		
5.	___/___/___		
6.	___/___/___		
7.	___/___/___		

Please Check All That Apply.		Your Information Will Be Kept Confidential	
<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Child from EHS
<input type="checkbox"/>	Child Protective Services	<input type="checkbox"/>	Military Deployment
<input type="checkbox"/>	Medical Issues	<input type="checkbox"/>	Foster Child
<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Grandparent Primary Caregiver
<input type="checkbox"/>	Incarcerated Parent	<input type="checkbox"/>	Parent Needs Interpreter
<input type="checkbox"/>	Drug or Alcohol Abuse	<input type="checkbox"/>	Receiving SCAP Services

**Person to contact if we are unable to reach you:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Does your child have health insurance?**  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**Check all that apply:**

\_\_\_\_\_ Medicaid

\_\_\_\_\_ Child/Family Health Plus

\_\_\_\_\_ Private Insurance

\_\_\_\_\_ No Insurance

\_\_\_\_\_ Other \_\_\_\_\_

**Has your child ever been evaluated by Early Intervention Services?** YES \_\_\_\_\_ NO \_\_\_\_\_

Is the child receiving any services for special needs or disabilities?  
 Check all that apply:

\_\_\_\_\_ Special Education                      \_\_\_\_\_ Behavior

\_\_\_\_\_ Occupational Therapy                      \_\_\_\_\_ Speech

\_\_\_\_\_ Physical Therapy                      \_\_\_\_\_ Other \_\_\_\_\_

Do you have any concerns about your child's development?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Does the child have any food or health restrictions?** YES \_\_\_\_\_ NO \_\_\_\_\_

Please list: \_\_\_\_\_  
 \_\_\_\_\_

**Does anyone have concerns about the child's health or development?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Does the child have any siblings in:**

\_\_\_\_\_ Parsons Early Head Start                      \_\_\_\_\_ SCAP Early Learning Program

\_\_\_\_\_ YWCA                      \_\_\_\_\_ Other \_\_\_\_\_

**Please submit any one of the following documents to provide proof of income:**

Wage Statements (previous year)	Supplemental Security Income	Child Support
Tax Form	TANF Letter / PA Budget	Disability
Letter From Employer	Unemployment Letter	Financial Aid / Grants

**Please submit proof of your child's age. Physical AND Immunization Records are REQUIRED before your child can attend**

Birth Certificate	Current Physical (w/in 12 months)
Benefit Card	Immunization Record

**I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

## **Early Head Start-Child Care Partnership Locations:**

### **Andrea Adrian's Day Care**

Andrea Adrian  
434 Hulett Street  
Schenectady, NY 12307  
Phone: (518) 372-3081

### **Our Precious Sprouts Day Care**

Dominicka Turner  
322 Paige Street  
Schenectady, NY 12307  
Phone: (518) 357-3049

### **YWCA Site 1**

44 Washington Avenue  
Schenectady, NY 12305  
Phone: (518) 374-3394 ext. 101  
Contact: Nancy Jones

### **YWCA Site 2**

Schenectady County Community College  
78 Washington Avenue  
Schenectady, NY 12305  
Phone: (518) 381-1375  
Contact: Rebecca Fitch

**The Head Start Reauthorization Act**

The Head Start Reauthorization Act has guidelines for providing services to homeless children and families. Please help us by answering the following questions.

**QUESTIONNAIRE**

**Did you/your family recently move to Schenectady County?**

YES       NO

**When and for what reason:** \_\_\_\_\_

**How long have you lived at the address provided on this application?**

\_\_\_\_\_

**Do you:**

Rent  
 Own your home

**Please indicate which, if any, of the following situations apply to your family:**

- Family is sharing a residence with one or more families, relatives, or friends, temporarily
- Family is living in a motel or hotel
- Family is living in a shelter (domestic violence, emergency, or transitional housing unit)
- Family is living in a car, park, campground, or other public place
- Family is living in a place without adequate facilities (no running water, heat, electricity)
- None of these apply

**Is this temporary living arrangement due to loss of housing or economic hardship?**

YES       NO

**Please briefly explain your current situation:**

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

**Please note:**

**If a false claim is made about your living situation, enrollment may be effected. Please notify our office (518-377-8539) if your living status changes.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**