

Bridges Head Start Getting to Know You Application Form

Please complete this form if you would like someone to contact you about your child being in the head start program. One of our family advocates will contact you in the next few weeks to set up an intake appointment.

Parent/Guardian Name _____ Birth Date: _____

Child's Name _____ Birth Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

School district (if known) _____

Has your child had other child care or preschool experiences? If yes, when and where?

Do you need child care? _____

For West Point Center Only: Full Day/Full Year Full Day/ Part Year Part Day/Part Year

Are you working or in an educational or job training program? _____

How did you hear about the Head Start Program? _____

Are you receiving any type of Public Assistance (TANF, SNAP (Food Stamps), Child Care Subsidy)? _____

Please add anything else about you or your child that would help us in providing for your family's needs. (include any disabilities, homelessness* or medical conditions) _____

**Children who are considered homeless will be given top priority. Your child could be considered homeless if you live in a shelter, hotel, abandoned building, street, a campground, or with family or friends because you cannot find or afford housing.*

Income Eligibility: 2014/2015

Size of Family Unit	1	2	3	4	5	6	7	8	Over 8
Income 100%	11,670/	15,730/	19,790/	22,350/	27,910/	31,970/	36,030/	40,090/	4,060 per person
130%	15,171	20,449	24,089	25,727	36,283	41,561	46,839	52,117	

Family appears to be:

_____Income Eligible_____ Over Income 100%-130%_____ Over Income -over 130%_____ Homeless_____ Recieves TANF_____ Foster

Please circle or highlight your income bracket.

You may email this form to tthomas@pcdcva.org or fax it to 804-843-2308