



# APPLICATION FOR ENROLLMENT

Select Your Desired South Shore or Cape Cod School Location:

**MARSHFIELD**

832 Webster Street  
Marshfield, MA 02050  
Telephone: (781) 837 6837

**PLYMOUTH**

196 South Meadow Road  
Plymouth, MA 02360  
Telephone: (508) 746-0333

**DENNISPORT**

187 Depot Street  
Dennisport, MA 02639  
Telephone: (508) 927-5776

**FALMOUTH**

704 Main Street  
Falmouth, MA 02540  
Telephone: (508) 927-5774

**HYANNIS**

979 Falmouth Road  
Hyannis, MA 02601  
Telephone: (508) 927-5771

83 Pearl Street

Hyannis, MA 02601  
Telephone: (508) 927-5772

**WEST YARMOUTH**

367 Route 28W  
West Yarmouth, MA 02673  
Telephone: (508) 927-5776

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

DATE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ CHILD'S AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROGRAMS INTERESTED:  HS  EEC  EEC/EXTENDED DAYCARE  EARLY HEADSTART  OTHER PLACE OF BIRTH: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ CHILD SEX:  MALE  FEMALE  
Last Name First Name Middle Initial

ADDRESS: \_\_\_\_\_  
Street Town State Zip Code

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

TELEPHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HEAD START OFFERS A VARIETY OF PROGRAM OPTIONS. WHICH OPTION WOULD YOU LIKE FOR YOUR CHILD?  FULL DAY  PART DAY

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

	FIRST AND LAST NAME	DATE OF BIRTH	HEALTH INSURANCE	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				

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

••• FAMILY MONTHLY INCOME | EMPLOYMENT & TRAINING •••

FATHER'S WORK:		SOCIAL SECURITY/SSI:		TAFDC:		TOTAL MONTHLY INCOME:	
MOTHER'S WORK:		CHILD SUPPORT:		UNEMPLOYMENT:			
OTHER WORK:		FOSTER CHILD:		OTHER:		TOTAL ANNUAL INCOME:	

To start process of application please include income verification, i.e. W-2 Form, 4 consecutive pay stubs, letter from Dept. of Transitional Assistance stating monthly income, etc. If any of this information changes, such as family income or number of children, please notify South Shore Early Education.

FAMILY MEMBER: \_\_\_\_\_ EMPLOYED AT: \_\_\_\_\_ WORK SCHEDULE \_\_\_\_\_ HOUR PER WEEK \_\_\_\_\_

Are you currently enrolled or planning to enroll in an Education or Training program?  YES  NO Name of Program: \_\_\_\_\_ Date of Attendance: \_\_\_\_\_

••• CHILD HEALTH INFORMATION •••

Please check if your child has any of the following conditions. (If your child has received an evaluation, please attach)

- LEARNING DISABILITIES, HEARING LOSS, PHYSICAL DISABILITIES, SPEECH IMPAIRMENT, VISUAL IMPAIRMENT, EMOTIONAL OR BEHAVIORAL DISORDERS, HEALTH IMPAIRMENT, SPECIAL NEEDS

Is treatment being received for any of these conditions? YES NO If so, where?

Has your doctor ever diagnosed your child as having a special need or disability? YES NO If yes, explain:

Child's Hair Color: Child's Eye Color: Any identifying marks:

Does your child have an Individualized Education Plan (IEP) at this time. YES NO If yes, at which school:

Please give any information you think we should know about your child:

••• FAMILY NEEDS •••

South Shore Early Education is a program of South Shore Community Action Council which provides a variety of support services to help families. Please, check any concerns. (Your answers may allow staff to provide you with additional assistance.) (Please Check All That Apply.)

- LACK OF RESOURCES: INADEQUATE INCOME, HOUSING, CHILD CARE, TRANSPORTATION, FOOD, CLOTHING

- EDUCATION / EMPLOYMENT: READING/WRITING SKILLS, LEARNING DISABILITIES, ENGLISH AS A SECOND LANGUAGE, LACK OF EDUCATION/TRAINING

- FAMILY / HEALTH: CUSTODY ISSUES, NEIGHBORHOOD SAFETY, FAMILY VIOLENCE, DENTAL/PHYSICAL HEALTH ISSUES, MENTAL HEALTH ISSUES

- FAMILY SUPPORTS: RECENTLY MOVED TO AREA, FEW LOCAL FRIENDS/FAMILY, NOT INVOLVED ON AGENCY/GROUPS

Please tell us if there are any special circumstances (i.E. Change in guardianship, special need of child) that we should consider to, determine your child's eligibility for this program:

••• ADDITIONAL INFORMATION •••

RACE/NATIONAL ORIGIN: The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the appropriate box below.

- AMERICAN INDIAN OR ALASKAN NATIVE, WHITE, NOT OF HISPANIC ORIGIN, HISPANIC ORIGIN, ASIAN OR PACIFIC ISLANDER, BLACK, NOT OF HISPANIC ORIGIN, OTHER (SPECIFY)

First language spoken in the home: Second language:

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 ADMITS FAMILIES OF ANY RACE, COLOR, NATIONALITY, RELIGION, POLITICAL BELIEFS, SEXUAL ORIENTATION, MARITAL STATUS, ETHNIC/CULTURAL, DISABILITY AND IS HANDICAP ACCESSIBLE INCLUSIVE OF AUXILIARY AIDS TO THOSE WITH IMPAIRED HEARING AND VISION. TOILET TRAINING STATUS IS NOT AN ELIGIBILITY REQUIREMENT FOR ENROLLMENT

202005

CLICK HERE TO SUBMIT YOUR APPLICATION

Clicking the submit button generates a draft message in your email account. Please open the draft and click send to complete your application.

- OFFICE USE ONLY DATE OF ENROLLMENT: INCOME ELIGIBLE, HS, EHS, EEC, OVER INCOME, SPECIAL NEEDS, OTHER PRIORITY