



**HEAD START  
EARLY HEAD START  
Application Process**

***No child is automatically accepted. Every child is put on a waiting list.  
A quick application does not guarantee acceptance into the program.***

Our programs do not operate on a first-come / first-served basis. When an opening becomes available in the option you requested, all children on the waiting list for that option are considered.

To complete a quick application, you can:

- Call or come into your local Head Start office.
- Print a mail-in form from our website – [www.pacecaa.org](http://www.pacecaa.org).

**The following required information can be mailed or brought into our office.  
Your child is not eligible for selection without the following information.**

1. Proof of your total household income for the last 12 months (paycheck stubs, tax statement, child support, public assistance, etc.)
2. An official copy of your child's birth certificate.
3. If your child has a disability that affects his ability to learn – we'll need a copy of your child's IEP/ IFSP.
4. If applicable – A copy of any legal documentation (guardianship, adoption, etc.)

**Either bring the attached form and required documents to your local Head Start or  
Send attached form and required documentation to:**

Assistant Director  
PACE Community Action Agency  
525 N. 4<sup>th</sup> St.  
Vincennes, IN 47591-0687

***The computer gives points to determine acceptance into the program.*** If your child is selected, a Family Specialist will contact you to schedule an enrollment visit. Next, your Teacher / Home Visitor will call you to set up an initial home visit.

**It is important to report any address or phone number changes to a Family Specialist.**



# Head Start & Early Head Start Mail In Application Form

I certify the information given below for the PACE Community Action Agency, Inc. Head Start / Early Head Start Program is correct and true. I understand that should the Head Start / Early Head Start Program determine that the information given is false or incorrect; my child could be dropped from the program.

### PRINT CLEARLY

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address/ City: \_\_\_\_\_

Names, birthdates & relationship of people living in house with child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Lives in the house with the child?  Yes  No

Parent Employment Status:  Employed Full-Time  Employed Part-Time  Employed Seasonally  
 Unemployed  Retired  Disabled  Full Time Student

Is this person enrolled in school or job training?  Yes- full time  Yes-part time  No

Parent/ Guardian Education Level:  Less than high school  High school graduate or GED  
 Associate Degree, vocational school, or some college  An advanced degree or baccalaureate degree

Parent/ Guardian Name: \_\_\_\_\_ (if applicable) Lives in the house with the child?  Yes  No

Parent Employment Status:  Employed Full-Time  Employed Part-Time  Employed Seasonally  
 Unemployed  Retired  Disabled  Full Time Student

Is this person enrolled in school or job training?  Yes- full time  Yes-part time  No

Parent/ Guardian Education Level:  Less than high school  High school graduate or GED  
 Associate Degree, vocational school, or some college  An advanced degree or baccalaureate degree

### Place a check next to the information that is true about your household:

Child you are applying for has been the victim of documented child abuse or neglect

You are homeless

Child you are applying for has a documented disability that affects his ability to learn

Referral (Specify): \_\_\_\_\_

### Return form to:

Pace Assistant Director  
525 N. 4<sup>th</sup> St.  
Vincennes, IN 47591

**OR** Your local Head Start Center

**OR** fax: 812-882-7982