



ENROLL YOUR CHILD IN HEAD START/ INSCRIBA A SU NIÑO/A EN HEAD START

ELKHART & ST. JOSEPH COUNTIES HEAD START CONSORTIUM

245 N. Lombardy Drive South Bend, IN 46619

574-283-8127 or 866-440-8843

This institution is an equal opportunity provider

FREE Federally Funded Preschool Program for Qualifying Families/ Programa Pre-escolar Gratis con fondos Federales, para las Familias que califiquen

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| Lafayette Elementary School 245 N. Lombardy Dr., DOOR #6 (Linden Rd) South Bend, IN 46619 | May/Mayo 22 & 24; 2pm - 6pm May/Mayo 23 & 25; 9am- 2pm |
| Liberty Elementary School 600 Pregel Dr., Mishawaka, IN 46545 | May/ Mayo 30 & 31; 1pm-5:00pm |
| Goshen Admin. Bldg. - 613 E. Purl St., Goshen | May/Mayo 23, 9am – 2:00pm |
| Concord West Side - 230 W. Mishawaka Rd. Elkhart, IN 46517 | May/Mayo 25; 9am to 2:00pm May/Mayo 17; 2pm to 7pm |
| West Goshen Elementary School 215 Dewey Ave., Goshen, IN | May/Mayo 22 & 24 3pm-6:00pm |
| Hawthorne Elementary School 501 W. Lusher Ave., Elkhart, IN | May/Mayo 24 3pm-7:00pm |
| York Elementary School 13549 SR 120E | May/Mayo 31 2pm-6:00pm |

Age- Birth to 5 years old/ Edad- Nacimiento hasta los 5 años de edad

Family Income-See list below/ Ingresos de la familia

Children with Special Needs may apply/ Niño con necesidades especiales pueden aplicar

TO PROCESS YOUR HEAD START APPLICATION, THE FOLLOWING INFORMATION IS NEEDED/

Para procesar su aplicación, la información siguiente es necesaria:

- Birth Certificate - copy is required/ *Acta de nacimiento—una copia es requerida*
- Up to Date Physical Exam
- Immunization Record - (if child has not been immunized, please see the doctor first)/ *Inmunizaciones— copia del récord*
- Income records from most recent full tax year (W2, tax return, public assistance)/ *12 meses de ingresos (copia impresa de 12 meses)*
- Most recent proof of income (check stub, child support, public assistance statement, etc.)/ *Talón de cheque más reciente (cada persona que trabaja en la familia)*
- T.A.N.F. (current 12 months printout)/ *T.A.N.F. (copia de impresa de 12 meses, la cantidad que recibe su familia cada mes).*
- Medicaid or Affordable Health number for child and primary adult/ *Tarjeta de seguro o de Medicaid*
- Child Support (current 12 months printout) *Nombre, dirección, y teléfono de 3 contactos de emergencia*
- Private Insurance name and number if child is covered under a family plan.
- Name, address and phone numbers of Childs medical and dental doctors/ *Nombre, dirección, y teléfono de médico y dentista del niño*
- 3 Emergency Contacts: names, valid & working phone numbers and addresses *Nombre, dirección, y teléfono de 3 contactos de emergencia*