

Self Help, Inc. Head Start
370 Howard St
Brockton, MA 02302
508-587-1716

Pre-Application Form

Child's Name _____ Date of Birth _____
Last First MI

Parent/Guardian Name: _____
Last First MI

Address: _____
Street/Town Zip Code

Home Telephone _____ Cellular Telephone _____

Best time to reach you? _____ AM _____ PM

Approximate yearly income\$ _____ # of family members _____

Type of program needed? CIRCLE ONE: Half Day/Head Start
Full Day/for working parents

Head Start is a FREE program for income eligible children. Full day program options are based on a sliding scale fee.

Please return this to pfoley@selfhelpinc.org

Upon receipt of this information a staff member will contact you to schedule a convenient time to complete a full application.. At this time the following information will be required.

Proof of Income
Child's birth certificate

Additionally, it would be helpful if you were able to provide the following:

Social security cards for all family members
Up-to-date record of your child's immunizations