



Jump Start Application Form

1. Child's name: _____
2. Date of Birth _____

Parent/Guardian name: _____

Address: _____

Phone number: daytime work/cell _____

Emergency Phone: _____

Email: _____
3. How did you hear about the program: _____
4. Is your child Currently Receiving Services: _____
5. Licensed Child Care Center: _____ Date last attended: _____
6. Preschool: _____ Date last attended: _____
7. Information Release for previous school: _____
8. Any areas of Concern: _____
9. Ever attended Head Start or ECAP: _____ Last Date attended: _____
10. Do you need an interpreter: _____ What language: _____
11. Qualify for Free/Reduced Lunch: _____
12. Will your child take the bus? _____

