



Initial Application for Head Start or Early Head Start

Thank you for your interest in Head Start. Head Start offers programs to low-income infant, toddler & preschool children birth to age 5, pregnant women and preschool children with disabilities. Mail or fax this application to the site closest

to you. You can also call and complete the application over the phone. After we receive your application, a Family Advocate will contact you.

Questions? Call Us!

Program Administrative Office

SCEOC Head Start
PO Box 169
39 Bath Street
Ballston Spa, NY 12020
Phone: 288-3206 Fax: 288-3236

Ballston Spa, Galway, Clifton Park, Burnt Hills/Ballston Lake (Saratoga Cty. Residents) and Waterford Areas

SCEOC Head Start
50 Wood Road
Ballston Spa, NY 12020
884-7270 ext. 3484
Fax: 884-2899

Corinth and S. Glens Falls Areas

SCEOC Head Start Office
PO Box 159
5 Saratoga Ave.
Corinth, NY 12822
654-7090
Fax: 654-2710

Mechanicville (Saratoga Cty. Residents), Stillwater Areas

SCEOC Head Start
116 Railroad Street
Mechanicville, NY 12118
541-2754
Fax: 541-3479

Saratoga and Schuylerville Areas

SCEOC Head Start
3 Blue Streak Blvd.
Room C125
Saratoga Springs, NY 12866
Phone: 583-2584 Fax: 583-4718

Name of Parents/Guardian:

Address:

Phone:

School district where you live:

Names of Children Birth to Age 5:

Date of Birth:

1. _____
2. _____
3. _____
4. _____
5. _____

Are you a pregnant woman applying for Early Head Start? Yes___ No___

Did someone refer you to Head Start? Yes___ No___

If yes, who?

Head Start Follow-up:

Date application received:

Date family was contacted: By whom:

Any suspected or documented disabilities?

Outcome of contact:

Is family outside of serving area? Where?