Gulf Regional Early Childhood Services

Application for Head Start/EHS Program Participation

EARLY HEAD START

** Pregnant women should complete all *starred* sections on this page and the next page **

* PARTICIPANT INFORMATION: Fill out information about the child or woman applying to the program *

Last:	First/Middle:	Preferred:	Male ☐ Female ☐
Applying as an Expecting Mother: Yes ❒ No	Estimated due date:		
Birth Date:	Male ☐ Female ☐	Parental Status: One ☐ Two ☐	
Living Address:			
City:	State:	Zip	

Program Options

Are you interested in: Center-based services ☐ Home-based services ☐ Either ☐

* DEMOGRAPHIC information for the child or woman applying to the program *

Race *(check all that apply):* ❒ American Indian/Alaskan Native	**Language**	Primary Language?	Proficiency
❒ Asian ❒ Black/African-American ❒ Hawaiian/Pacific Islande	English	Yes ❒ No	None ❒ Poor ❒ Moderate ❒ Proficient ❒
❒ White ❒ Other: _____		Yes ❒ No	None ❒ Poor ❒ Moderate ❒ Proficient ❒
Ethnicity:		Yes ❒ No	None ❒ Poor ❒ Moderate ❒ Proficient ❒
Nationality:			

FAMILY INFORMATION: Fill out information about adults and family who are part of child's life

PARENT/GUARDIAN Name:		Primary Adult? Yes ❒ No	
Relationship to Child:	Birth Date:		
Living Address:			
City	State	Zip	
E-mail Address:			
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	Yes ❒ No		
	Yes ❒ No		

Teen Parent (19 or younger): Yes ❒ No ❒	Custody: Yes ❒ No ❒	Lives with Child: Yes ❒ No ❒

Child's Relationship to Adult:	English Level:	Education Level:		Employment Status:	
Natural/Adopted/Step-Child ☐	None ☐	Some College ☐	<Grade 9 ☐	Full Time (35+hours) ☐	Full Time & Training ☐
Grandchild ☐	Poor ☐	Certificate ☐	Grade 10 ☐	Part Time ☐	Part Time & Training ☐
Niece/Nephew ☐	Moderate ☐	High School Grad ☐	Grade 11 ☐	Retired/Disabled ☐	Seasonally Employed ☐
Foster Child ☐	Proficient ☐	GED ☐	Grade 12 ☐	Training or School ☐	Unemployed ☐
Other ☐		Master's Degree ☐	Associate's BA ☐		

PARENT/GUARDIAN Name:		Primary Adult? Yes ❒ No	
Relationship to Child:	Birth Date:		
Living Address:			
City	State	Zip	
E-mail Address:			
Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	Yes ❒ No		
	Yes ❒ No		

Teen Parent (19 or younger): Yes ❒ No ❒	Custody: Yes ❒ No ❒	Lives with Child: Yes ❒ No ❒

Child's Relationship to Adult:	English Level:	Education Level:		Employment Status:	
Natural/Adopted/Step-Child ☐	None ☐	Some College ☐	<Grade 9 ☐	Full Time (35+hours) ☐	Full Time & Training ☐
Grandchild ☐	Poor ☐	Certificate ☐	Grade 10 ☐	Part Time Training ☐	Part Time & Training ☐
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Foster Child ☐	Proficient ☐	GED ☐	Grade 12 ☐	Training or School ☐	Unemployed ☐
Other ☐		Master's Degree ☐	Associate's BA ☐		

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* ADDITIONAL MEMBERS of Family / Household *

Name:	Relationship to Child:	Date of Birth:
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Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:
Name:	Relationship to Child:	Date of Birth:

Total # of people (including the participant and adults listed on front, and all listed above) who live in child's household and are part of his/her family:___

CHILD'S NEEDS ++

Does your child have a disability (diagnosed by a doctor or specialist)? ___Yes ___No

Does s/he have an IEP or IFSP? ___Yes ___No

If yes, please list the specific disability:

Do you have any concerns about your child in any of the areas listed below? *If yes, please check appropriate item(s).*

_____Hearing _____Vision _____Obesity _____Allergies _____Asthma _____Dental problems

_____Other medical problems - *Please describe:* _____ _____Other development concerns - *Please describe:* _____

_____Speech or language development _____Physical development ***please provide medical documentation of concerns if available***

_____Behavior or emotional problems (e.g. tantrums) - *Please describe:* _____

* SERVICES: What services is your family receiving? *

_____Food Stamps _____Unemployment _____Utility/Energy Assistance

_____Foster Care/Adoption Subsidy _____Public Housing _____Child Support

_____Medicaid _____Section 8 Vouchers _____Private Health Insurance

_____State Health Insurance _____Social services from other agency

_____Emergency/Crisis Intervention *Which agency?:* _____

DO YOU HAVE: **TANF?** ___Yes ___No **SSI?** ___Yes ___No **WIC?** ___Yes ___No **Referred to:** _____

Child Care Subsidy/Voucher? ___Yes ___No ___Don't know about it

* LEGAL ISSUES: Is your family currently dealing with legal issues? * ++

Is your family currently dealing with legal issues such as divorce, probation, custody, restraining orders, etc.? ___ Yes ___ No

If yes, please clarify: _____

Additional Information

Has your child previously been enrolled in Head Start or another preschool program? Yes ☐ No ☐

If yes, what program? _____

Has your child had a sibling previously enrolled in this Head Start program? Yes ☐ No ☐

If yes, is he or she currently enrolled? ___ Yes ___ No

Specify dates of attendance? _____to_____

How did you hear about our program?

____Word of mouth (friend, family)
____Saw/received a flyer
____Saw/passed the center
____Know someone who works here
____Referred by agency (WIC, child support services, child care subsidy, etc.) *Please specify:* _____
____Other *Please specify:*

I—or another adult in my family—accesses the Internet: *Mark one of the following:* ❒ Every day ❒ Several times per week ❒ Once a week ❒ Several times per month ❒ Rarely or never

PLEASE SIGN HERE to verify that you have completed this application and provided true information.

** For pregnant women under 18, a parent/guardian should sign here **

Signature of Parent/Guardian:

Print Name: Date: