

EASTERN PLAINS HEAD START PROGRAM APPLICATION FOR ENROLLMENT - Pregnant Woman – Page 1 H-3 EHS

Clovis Early Head Start (Web)
 901 N. MLK Blvd.
 Clovis NM 88101

SITE _____

Applicant: _____
First name Middle name Last name

After your baby is born, are you interested in having your child receive services in our Early Head Start program? Yes No
When is the baby due? _____ **Is this pregnancy:** Single Twins Triplets **Marital Status:** Single Married Separated Divorced Widowed
Health Care Provider Name: _____ **Address:** _____
 Is applicant currently an Elementary, Middle School, or High School Student? Yes No
 If no, applicant dropped out of school (check one): Before I became pregnant Due to the school policy related to pregnancy Graduated
 By my own choice, despite of school policy that would allow me to remain in school

FAMILY MEMBER INFORMATION – Starting with Primary Adult, complete the following on ALL family members.

	Name		Date of Birth	Social Security Number	Sex	Race										Ethnicity	Language Spoken		English Proficiency				Currently Pregnant	Relationship to Applicant					
	First	Last				Male	Female	American Indian or Alaskan Native	Asian	Black or African	Unspecified	Native Hawaiian or Other Pacific Islander	White	Multi-racial/Biracial	Hispanic/Latino		Non Hispanic/Latino	1 st		2 nd		Proficient			Moderate	Little	None	Yes	No
																		English	Spanish	English	Spanish								
	Joe	Sample	02/02/79	444-22-1234	X											X			X								X	Primary Adult –	
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													

Education: List the highest level of education for each ADULT in the household.

	Name of Adult	Highest Level of Education Completed	Date Completed	Currently Enrolled
	Joe Sample	10 th grade	May 25, 1996	Yes <input type="radio"/> No <input checked="" type="radio"/>
1				Yes <input type="radio"/> No <input type="radio"/>
2				Yes <input type="radio"/> No <input type="radio"/>

Is the child applying related to any teachers at this center? If so, who? (List name/s) _____

