

**SITE** Portales Early Head Start (Web)  
1030 Community Way  
Portales NM 88130

**Child Applying:** \_\_\_\_\_  
First name Middle name Last name

**FAMILY MEMBER INFORMATION – Starting with Primary Adult, complete the following on ALL family members include the child applying**

	Name		Date of Birth	Social Security Number	Sex		Race								Ethnicity		Language Spoken				English Proficiency				Currently Pregnant		Relationship to Child Applying <small>(i.e., mother, father, stepmother, stepfather, stepbrother, stepsister, brother, sister, grandmother, grandfather, aunt, uncle, other relative, no relation, etc.)</small>
	First	Last			Male	Female	American Indian or Alaskan Native	Asian	Black or African American	Unspecified	Native Hawaiian or Other Pacific Islander	White	Multi-racial/Biracial	Hispanic/Latino	Non Hispanic/Latino	1 <sup>st</sup>	2 <sup>nd</sup>	English	Spanish	English	Spanish	Proficient	Moderate	Little	None	Yes	
	Joe	Sample	02/02/79	444-22-1234	X											X			X							X	Primary Adult - Father
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 <sup>th</sup> 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) \_\_\_\_\_

