

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 st	2 nd	English	Spanish	English	Spanish	Proficient	Moderate	Little	None	Yes		No
	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 th grade	May 25, 1996	Yes <u>No</u>
1				Yes No
2				Yes No

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

