

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

H-3
EHS

Tucumcari Early Head Start (Web)
210 W. Center PO Box 1244
Tucumcari NM 88401

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.

1	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		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) _____

