

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

Child Applying: _____
First name Middle name Last name

Please select preferred session
1st Choice (Circle only one) Morning Afternoon Either
2nd Choice (Circle only one) Morning Afternoon Either

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 |
|---|-------|--------|---------------|------------------------|------|--------|-----------------------------------|-------|---------------------------|-------------|---|-------|-----------------------|-----------------|---------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------|----------|--------|---------------------|-----|----|---|--------------------|-------------------------------|--------------------------------|
| | 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 English | 1 st Spanish | 2 nd English | 2 nd Spanish | Proficient | Moderate | Little | None | Yes | No | | | | |
| | Joe | Sample | 02/02/79 | 444-22-1234 | X | | | | | | | | | | | | X | | X | X | | | | | | X | | Primary Adult - Father | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 No |
| 1 | | | | Yes No |
| 2 | | | | Yes No |

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

