

Ft. Sumner Head Start (Web)  
PO Drawer M, 1001 Sumner Blvd.  
Ft Sumner NM 88119

**SITE**

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

**Please select preferred session**  
**1<sup>st</sup> Choice (Circle only one) Morning Afternoon Either**  
**2<sup>nd</sup> 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 <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		No
	Joe	Sample	02/02/79	444-22-1234	X											X			X	X						X	<b>Primary Adult - Father</b>	
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 <sup>th</sup> grade	May 25, 1996	Yes <b>(No)</b>
1				Yes No
2				Yes No

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

