

SITE Portales Head Start (Web)
501 E. 1st
Portales NM 88130

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 <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	Multiracial/Biracial	Hispanic/Latino	Non Hispanic/Latino	English	Spanish	English	Spanish	Proficient	Moderate	Little	None	Yes	No						
	Joe	Sample	02/02/79	444-22-1234	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) _____

