

Santa Rosa Head Start (Web)
658 South 5th
Santa Rosa NM 88435

SITE

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	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																												

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) _____

