

# EASTERN PLAINS HEAD START PROGRAM APPLICATION FOR ENROLLMENT – Page 1

H-3<sub>HS</sub>

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

SITE: Child Applying: First name Middle name Last name

## 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 |          |        |      | Acquiring/learning another language in addition to English | Current Pregnant | Relationship to Child Applying |  |  |  |  |
|-------|---------------|------------------------|-------------|--------|-----------------------------------|-------|------------------|-------------|---|-------|-----------------------|-----------------|---------------------|-----------------|-----|---------------------|----------|--------|------|--|------------------|--------------------------------|--|--|--|--|
|       |               |                        | 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 | 1st             | 2nd | Proficient          | Moderate | Little | None |  |                  |                                |  |  |  |  |
| First | Last          |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| Joe   | Sample        | 2/02/79                | 444-22-1234 | X      |                                   |       |                  |             |   |       |                       | X               |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 1     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 2     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 3     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 4     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 5     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 6     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 7     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 8     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |
| 9     |               |                        |             |        |                                   |       |                  |             |   |       |                       |                 |                     |                 |     |                     |          |        |      |  |                  |                                |  |  |  |  |

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 <u>NO</u>      |
| 1             |                                      |                | Yes No             |
| 2             |                                      |                | Yes No             |

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



**EASTERN PLAINS HEAD START PROGRAM APPLICATION FOR ENROLLMENT – Page 2** **H-3<sub>HS</sub>**

**FAMILY INFORMATION**

Living Address:

Street

City

State

Zip Code

Home Phone:

Work Phone:

Message Phone:

Cell Phone:

E-Mail:

Home Phone:

Work Phone:

Message Phone:

Cell Phone:

E-Mail:

Mailing Address:

Street

City

State

Zip Code

(If different from home address)

Parental Status: (Check one)

☐ Two Parents/Guardians

☐ Single Parent/Guardian (mother figure only)

☐ Single Parent/Guardian (father figure only)

Is at least one Parent/Guardian an active duty member of the United States Military? ☐ Yes ☐ No, a veteran of the United States Military? ☐ Yes ☐ No

Employment/Job Training Status: Check all that apply

Two Parents/Guardians are:

☐ employed

☐ in job training or school

☐ not working (unemployed, retired, disabled)

One Parent/Guardian is:

☐ employed

☐ in job training or school

☐ not working (unemployed, retired, disabled)

Types of Service Received (mark all that apply):

☐ No services received

☐ Public Assistance/Welfare (i.e. TANF)\*

☐ Food Stamps

☐ WIC

☐ Supplemental Security Income (SSI)

☐ Foster Care

☐ Health and Wellness Treatment/Therapy

☐ Other: Specify \_\_\_\_\_

Currently Homeless: ☐ Yes ☐ No

☐ Own Housing

☐ Rent Housing

☐ Group Home

☐ Other \_\_\_\_\_

Type of Housing:

☐ House

☐ Mobile home/trailer

☐ Migrant Housing

☐ Apartment

☐ Community Shelter/Group Home

☐ Hotel/motel room

☐ Other: \_\_\_\_\_

**INCOME INFORMATION:**

Number of Adults in Family: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_

Number of Adults contributing to the Income: \_\_\_\_\_

**FAMILY INCOME SOURCES:** Check all sources of income.

WAGES, SALARIES, TIPS

SUPPLEMENTAL SECURITY INCOME (SSI)

PENSION/RETIREMENT

SCHOLARSHIPS/GRANTS

INTEREST

UNEMPLOYMENT COMPENSATION

WELFARE ASSISTANCE (TANF)

ALIMONY

TRUSTS, ESTATE RECEIPTS

ROYALTIES

WORKER'S COMPENSATION

VETERAN'S BENEFITS

CHILD SUPPORT

NET RENTAL INCOME

SOCIAL SECURITY BENEFITS

MILITARY BENEFITS

FOSTER CARE/ADOPTION SUBSIDY

DIVIDENDS



**EASTERN PLAINS HEAD START PROGRAM**  
**APPLICATION FOR ENROLLMENT**

**H-3**  
HS

**RELEASE OF INFORMATION**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Permission is hereby granted by me to the Eastern Plains Head Start Program to secure and/or release any medical/dental or social/educational (including Special Services documents i.e., IEP, IFSP, etc.) information obtained in connection with eligibility for its services, and to make these findings and reports available to those persons or agencies having a valid and legitimate interest in the case of the above named child. Any party so involved will understand that the information thus obtained will be treated as confidential.

I hereby release Eastern Plains Head Start from all legal responsibility or liability that may arise from this authorization.

A photo copy of this release is valid.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



# EASTERN PLAINS HEAD START PROGRAM APPLICATION FOR ENROLLMENT – Page 3

H-3<sub>HS</sub>

At least 10% of Head Start's enrollment opportunities are made available to children with disabilities; therefore, has this child been identified as having, or is this child suspected to have, any of the following that might require early intervention, special education, and or related services? (Read list and mark all that apply) If any items are marked as "Identified" please provide the name of the individual or agency who tested the child and the date of the evaluation.

|                                       | Suspected                | Identified               | Date  | Evaluated by: |
|---------------------------------------|--------------------------|--------------------------|-------|---------------|
| Autism                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Emotional/Behavioral Disorder         | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Health Impairment                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Hearing Impairment including Deafness | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Learning Disability                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Intellectual Disabilities             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Orthopedic Impairment                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Speech or Language Impairment         | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Traumatic Brain Injury                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Visual Impairment Including Blindness | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |
| Other Impairments:                    | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____         |

If this child is currently receiving services to address any of the needs marked above, please complete this section:

Type of service: \_\_\_\_\_

Name of person/agency providing the service: \_\_\_\_\_

Address of Provider \_\_\_\_\_

Telephone \_\_\_\_\_

OR

\_\_\_\_\_**Child has no known disabilities**

IS YOUR CHILD POTTY TRAINED? ☐ Yes ☐ No (This will not affect your child's ability to be enrolled)

**This Application cannot be processed unless the following items are attached:**

1. Shot Record (must have copy of entire record, including name and Date of Birth);
  2. Age Verification - Birth Certificate or Baptismal Certificate;
  3. Most Recent Tax Return with all attachments (W-2, schedules, etc.) Federal 1040, 1040A or EZ AND NM (PIT) state form.
- In Addition, please provide a copy of the most recent physical, lead and iron screening, and dental exam.**

**SEND COMPLETED APPLICATION TO: Eastern Plains Head Start – P.O. Box 1244 – Tucumcari, NM 88401**

I certify that the information provided in this form is accurate and truthful to the best of my knowledge. I give permission for Eastern Plains Head Start to verify any information for the purpose of determining eligibility for participation in the program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Services are provided primarily in classroom setting. Head Start does not provide transportation**