FOR OFFICE USE ONLY

Date Applied: ____________

Date Completed: ____________

Date Entered: ____________

Interviewer: ____________

Center Assigned: ____________

Teacher: ____________

F & CP Associate: ____________

____

Screening Acceptance Date:

____

SMILE HEAD START/ EARLY HEAD START
Child Development Program
Enrollment Form

Will your child be attending Kindergarten next year?

Yes ______ No ______

Actual School Zone ____________

TANF / SSI Yes ______ No______

____

MEDICAID / LA CHIP

Yes______ No ______

MEDICAID # ____________

LA CHIP # ____________

PVT Insurance Yes ( ) No ( )

Foster Child Yes ( ) No ( )

Repeater Yes ( ) No ( )

WIC Yes ( ) No ( )

Early Head Start Applicant Head Start Applicant Is mother pregnant now? Yes No

Pregnant Mom's Name ____________ (LAST) ____________ (FIRST) Due Date ____________

Child's Name ____________ (LAST) ____________ (FIRST) ____________ (MIDDLE) D.O.B. ____________

Child's Religion ____________ Sex ____________ Race ____________

Home Address ____________

Mailing Address ____________ (ROUTE - BOX) ____________ (STREET) ____________ (TOWN)

Child resides with Mother, Father or Other ____________

Mother/Guardian Name ____________ (LAST) ____________ (FIRST) ____________ (MIDDLE) DOB ____________

Grade Completed ______ Employer ____________ Phone ____________ (HOME) ____________ (WORK)

Occupation ____________ Marital Status Single Married Separated Divorced

Father's Name ____________ (LAST) ____________ (FIRST) ____________ (MIDDLE) DOB ____________

Grade Completed ______ Employer ____________ Phone ____________ (HOME) ____________ (WORK)

Occupation ____________ Marital Status Single Married Separated Divorced

MEDICAL DATA

Medical Concerns -- Yes _____ No _____ If yes, explain ____________

Parent Child Center evaluation -- Yes _____ No _____

EMERGENCY CONTACT NAMES

	NAME (Relationship)	ADDRESS	PHONE #
1.			
2.			
3.			

No. Living in Family ________

LIST ALL FAMILY MEMBERS BELOW *(Include the H/S or EHS child. For additional family members, attach an extra sheet.)*

Name	Race	Age	DOB	Sex	Yrs. Educ.	Social Security Number	Rel. to H/HSLD	Emp. Status
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

I VERIFY THE ABOVE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Parent Signature ____________

White - F & CP Associate Canary - Teacher's File