

**ST. JAMES PARISH HEAD START APPLICATION**

**SCHOOL NAME:** \_\_\_\_\_



**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **Parent's Date of Birth:** \_\_\_\_\_ **Gender:**  F  M

**Relationship to Child:** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Hispanic:**  YES  NO **Primary Language Spoken:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**Living Address:** \_\_\_\_\_ **Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **EMPLOYED:**  YES  NO **IN SCHOOL:**  YES  NO

**Mailing Address: (IF DIFFERENT from Living Address)** \_\_\_\_\_

**CHILD DATA: CHILD'S NAME** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_ **Gender:**  F  M

**Child's Race:** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_ **Child's Health Concerns or Allergies?**  YES  NO **IF YES, LIST Concerns or ALLERGIES:** \_\_\_\_\_ **Primary Language Spoken in Home:** \_\_\_\_\_

**Child has Health Concerns or Allergies?**  YES  NO **IF YES, LIST Concerns or ALLERGIES:** \_\_\_\_\_ **Name of Child's Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Name of Child's Dentist:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Does your child have a DIAGNOSED Disability with an IFSP or IEP?**  YES  NO **IF YES, please describe disability:** \_\_\_\_\_

**FAMILY DATA: Do you have an immediate family member in the military?**  YES  NO **Family member with substance abuse problem?**  YES  NO

**Parent Type:**  Two Parent  Single Parent Mother Only  Single Parent Father Only **Family Type:**  Biological Family  Foster Family  Other Relatives

**Financial Assistance Received (CHECK ALL THAT APPLY):**  Child Care Subsidy  Medicaid/LACIIP  Public Housing Assistance  SSI  WIC

Child Support/Alimony  Foster Care/Adoption Subsidy  FT/AF/TANF  SNAP/Food Stamps  Unemployment

**Is your family HOMELESS?**  YES  NO **How did your family hear about Head Start?** \_\_\_\_\_

**TOTAL # Adults in Family** \_\_\_\_\_ **TOTAL # Children in Family** \_\_\_\_\_ **List OTHER Family Members below - DO NOT LIST PARENT & CHILD LISTED ABOVE**

	FIRST NAME	LAST NAME	DOB	RELATION TO HS CHILD	HIGHEST EDUCATION LEVEL	EMPLOYED Y/N?	IN SCHOOL Y/N?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

I certify that this information is true and correct to the best of my knowledge. I understand my child may be subject to dismissal from the program if it is determined that the information provided has been falsified.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# St. James Head Start Application

## INFORMATION NEEDED WITH THIS APPLICATION FOR ENROLLMENT

### IN HEAD START

Your child's age and family income must be verified to determine your child's eligibility for Head Start.

1. **Income Verification**—Please provide **ONE OF THE FOLLOWING** for this application:
  - a. Pay stubs for all working family members (two recent); **OR**
  - b. W-2 Forms for all working family members for the most recent calendar year; **OR**
  - c. IRS Form 1040 for the most recent calendar year; **OR**
  - d. Written statement from current employer(s) showing earnings; **OR**
  - e. Written statement from Unemployment Agency showing payments; **OR**
  - f. Written statement of payments from person supporting the child; **OR**
  - g. Documentation showing current payments from FITAP, or SSI, or Foster Care; **OR**
  - h. Documentation of family's Homeless Status

2. **Child's Birth Certificate or some other document to verify age of the child**

3. **Documentation of Child's Disability (IFSP or IEP if applicable)**

4. **Child's Medical Insurance or Medicaid Card (if child has insurance)**

5. **Child's Social Security Card**

6. **Proof of Residency**

7. **Child's Immunization Record – to show that child is current on all shots – NEEDED BEFORE CHILD CAN ATTEND A HEAD START CLASSROOM**

8. **Physical Examination Record signed by the child's physician or clinic provider to show that child is free from communicable disease – NEEDED BEFORE CHILD CAN ATTEND A HEAD START CLASSROOM**

- If you need assistance in obtaining any of the above information, the Head Start staff can assist you with contact phone numbers, applications (for birth certificate or social security card), physical exam form, or other assistance you might need in obtaining the above needed information.