



1. Child's Name

First Name

MI

Last Name

2. <u>Date of Birth</u> _____	3. <u>Gender</u> Male Female	4. <u>Home Phone</u> () _____ - _____	5. <u>2nd Phone Number</u> () ____ - _____
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6. Address:

Street

City

State

Zip

7. Mailing Address (if different from above):

P.O Box . Street

City

State

Zip

8a. Child previously enrolled in Early/Head Start? YES NO

8b. If yes, how many years did he/she attend? 1 2 3

9. Does your child have an IFSP/IEP (or Disability)?

No Yes, Disability _____

10a. Do you have concerns about your child's overall health and development? YES NO

10c. Describe Concerns:

10b. Concerns Expressed By (circle one):

Medical Provider

Primary Care Provider

Family Member

Social Service Agency

Other: _____

11. Does your family receive any of the following (check all that are applicable):

____ TANF

____ SSI

____ Foster Care/Adoption

12. Are you currently homeless?

____ YES

____ NO

13. Length of Time Homeless: (check the correct time frame)

____ Less than 1 month

____ 1 – 3 months

____ 3 -6 months

____ 6+ months



BeauCARE Head Start

308 Martin Luther King Dr.
DeRidder, LA 70634
Phone: 337-460-1500
Fax: 337-460-1505

If you need help with paperwork, call the Head Start Office @ 337-460-1500

Complete one copy for each eligible child

14. Parent/Guardian's Name: _____

15. Parent/Guardian's Date of Birth: _____

16. Check all of the following that apply:

(please note the questions below are used to determine prioritization for eligibility)

- Two Parent Family
- One Parent Family
- Teen Parent
- Parent/Guardian with Disability
- English As Second Language
- Parent with less than High School Diploma or GED
- Guardian with Provisional Custody

23. Parent Signature(s)

I certify that this information is correct to the best of my knowledge and is subject to verification

X _____

Mother

Date

X _____

Father

Date

BELOW IS FOR OFFICE USE ONLY

Age of child as of Sept. 30: _____ yrs _____ months

Pay Periods: _____

Income 1: _____ weekly _____ every 2 weeks _____ 1st & 15th _____ monthly

If applicable

Income 2: _____ weekly _____ every 2 weeks _____ 1st & 15th _____ monthly

_____ **No Income**