Welcome to Lafourche Parish Preschool Programs

Thank you for your interest in the Lafourche Parish Head Start Program. Head Start is a federal preschool program for children ages 3-5 from low-income families. For more information about the Head Start program, please call 1-800-794-3160.

Head Start serves children who will be 4 years old by September 30, 2011
Or 3years old by their entry date

I. In order to complete this application, the following information must be provided:

___ Child's Birth Certificate ___ Child's Immunization Records

___ Child's Social Security Card ___ Parent's Social Security Card/Driver's License

___ Child's Medicaid Card (if eligible) ___ Proof of Disability (If Applicable)

___ Family's Verification of Income (two current employment check stubs, or food stamp printout sheet, or latest tax return, or recent unemployment check stubs, or proof of child support, etc.)
If your receive Food Stamps, you must turn in a Food Stamp Printout Sheet.

Please return completed application & copies of the above documents to:

Suzette Bartnesky
Lafourche Parish Head Start
P O Box 425
Mathews, LA 70375

or

Any of our 7 Head Start Sites located throughout Lafourche Parish

Check any services your child is currently receiving or has received:

___Previous Head Start Student (Where:________________________________)
___Speech
___Home-based services through Early Steps

I certify that all information given is true and correct to the best of my knowledge.

______________________________________ ______________________________________
Parent/Legal Guardian Signature Date

LAFOURCHE PARISH PRESCHOOL PROGRAMS
2011-2012 SCHOOL YEAR APPLICATION

STUDENT INFORMATION

CHILD′ S NAME:____ **DATE OF BIRTH:**______/______/______

STREET ADDRESS: **MAILING ADDRESS:**

____ ____

____ ____

(The following questions are used for statistical purposes only)

SEX:
___MALE
___FEMALE

ETHNICITY:
___AFRICAN AMERICAN
___ASIAN
___HISPANIC
___NATIVE AMERICAN
___WHITE
___BI-RACIAL

PRIMARY LANGUAGE IN HOME:
___ENGLISH
___SPANISH
___ASIAN
___FRENCH
___MIDDLE EASTERN

Does your child have Allergies to:

Food □Yes □No
Medicines □Yes □No
Other □Yes □No
(Please Describe)____
____

Can your child have dairy products?

(Example: milk, ice cream, cheese, yogurt)
□Yes □No

Is your child potty trained? □Yes □No *(If NO is your child in:)* □ Pull Ups □ Diapers

FAMILY INFORMATION

FAMILY TYPE:>>>>___TWO PARENTS LIVING IN HOME
___MOTHER ONLY
___FATHER ONLY
___FOSTER PARENT
___GRANDPARENT/OTHER RELATIVES
___PARENT UNDER AGE 18 YEARS

MARITAL STATUS:>>>> ___MARRIED
___Single Living w/Partner
___SINGLE
___DIVORCED
___WIDOWED
___SEPARATED

TOTAL NUMBER OF CHILDREN IN HOUSEHOLD: ________ TOTAL ADULT MEMBERS: _________

Did you ever have a child in Head Start before? ____ **YES** ___**NO**

If yes please give that child's name & year of enrollment____

MOTHER'S NAME:____ **Date of Birth**_______________
PHONE:___________________ **Cell or Alternate Phone**_________________________

EDUCATION:
Check Highest Grade Completed (**Only check ONE**) __8th __9th __10th __11th __12th but did not graduate

__High School Graduate, __ Some College, __College Graduate, __ Received GED

CHECK IF MOTHER IS ENROLLED IN:
(**Only check ONE**): ___ High School ___**GED**___**VO-TECH** ___**JOB TRAINING** __ **COLLEGE**

MOTHER'S EMPLOYMENT STATUS (IF LIVING IN THE HOME):
___EMPLOYED PLACE OF EMPLOYMENT:______________________________

___UNEMPLOYED EMPLOYMENT PHONE NO:_____________________________

FATHER'S NAME:____ **Date of Birth** ________________

PHONE:___________________ **Cell or Alternate Phone**_________________________
EDUCATION:
Check Highest Grade Completed (**Only check ONE**) __8th __9th __10th __11th __12th(no diploma),

__High School Graduate, __ Some College, __College Graduate, __ Received GED

CHECK IF FATHER IS ENROLLED IN:
(**Only check ONE**) ___ High School,__**GED**___**VO-TECH** __**JOB TRAINING** __ **COLLEGE**

FATHER'S EMPLOYMENT STATUS (IF LIVING IN THE HOME):
___EMPLOYED PLACE OF EMPLOYMENT:______________________________

___UNEMPLOYED EMPLOYMENT PHONE NO:_____________________________

FAMILY INCOME INFORMATION

DOES YOUR CHILD RECEIVE MEDICAID/LaCHIP?	___NO	___YES
DO YOU RECEIVE FOOD STAMPS?	___NO	___YES
DO YOU RECEIVE FITAP/TANF (WELFARE)?	___NO	___YES
DO YOU RECEIVE CHILD SUPPORT?	___NO	___YES
DO YOU RECEIVE SOCIAL SECURITY BENEFITS?	___NO	___YES
DO YOU RECEIVE SSI?	___NO	___YES
DO YOU RECEIVE UNEMPLOYMENT COMP?	___NO	___YES
DO YOU HAVE RELIABLE TRANSPORTATION?	___NO	___YES

TOTAL GROSS MONTHLY HOUSEHOLD INCOME $_____________
(All Earned, SSI, SSB, Child Support, TANF & Unemployment income must be counted)

DO YOU AND YOUR CHILD/CHILDREN LIVE IN SOMEONE ELSE'S HOME? ____YES ____NO

IS THERE ANY BEHAVIOR YOUR CHILD HAS AT HOME THAT MIGHT AFFECT YOUR CHILD'S ABILITY TO ADAPT TO A CLASSROOM SETTING? (Please Describe)

____

____

*****DOES YOUR CHILD HAVE A MEDICAL CONDITION OR DISABILITY DIAGNOSED BY A PHYSICIAN OR OTHER PROFESSIONAL?** ___YES ___NO

IF YES, PLEASE EXPLAIN --- YOU MUST PROVIDE PROFESSIONAL DOCUMENTATION PROVING THIS DISABILITY .

FAMILY NEEDS

What are your family's needs at this time: **(Check all that applies to your family)**

____Housing ____Finding a Job ____Transportation __Child Support

_____Cost of Food/Goods ____Medical Problems _____Child Care _____ Utilities

___Before/After School Child Care ____Completing your Education ____Clothing

_____ Parenting Skills _____Other,(please specify)____________________________________

_____ No Needs at this time

Who would care for your child before and after school hours:

1. **_____Child goes to Daycare; Name of Daycare**______________________________________
2. **_____Child goes to other relatives/friends home; Address**____________________________________
3. **_____Child goes home. I am at home to care for my child.** ____________________________________

Transportation maybe provided based on your home address unless otherwise stated at the time of registration. Any address changes not reported to our staff, may result in Head Start NOT providing transportation services.

*******Remember providing Head Start transportation for your child is not mandatory.********

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR FAMILY (ie, SUDDEN LOSS OF INCOME, SERIOUS ILLNESS IN HOUSEHOLD, ETC.)

____

____

____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I RELOCATE MY CHILD MAY NOT BE GUARANTEED ENROLLMENT IN ANY PRESCHOOL PROGRAM.

____ ______________________________

PARENT/LEGAL GUARDIAN SIGNATURE DATE