

# Welcome to Lafourche Parish Head Start Preschool Program

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## **Head Start serves children who will be 3 or 4 years old by September 30, 2015**

In order to complete this application, the following information must be provided with the application. Any missing documents will delay your child's selection into the Head Start Program.

- |   |   |
|---|---|
| <input type="checkbox"/> Child's Birth Certificate  | <input type="checkbox"/> Child's Immunization Records         |
| <input type="checkbox"/> Child's Social Security Card   | <input type="checkbox"/> Parent's Driver's License/Picture ID |
| <input type="checkbox"/> Child's Medicaid Card (if eligible)  | <input type="checkbox"/> Proof of Disability (If Applicable)  |
| <input type="checkbox"/> Family's Verification of Income (check stubs, or food stamp printout sheet, or latest tax return, or recent unemployment check stubs, or proof of child support, etc.) |   |

**\*\*\*\* If you 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

**At any of our Head Start Sites located throughout Lafourche Parish  
For any addition Information feel free to call 985-537-4601 or 1-800-794-3160**

## **Attention Parents!!!!!!!!**

*Once an application is completed, it will be reviewed and placed on the waiting list until an opening comes available. Children are placed on the waiting list according to a point system, based on age, income and disability, not when you applied. Therefore, we cannot tell you what number your child is on the waiting list or when your child will start. Any application NOT having all the above documents will not be reviewed and considered incomplete.*

**LAFOURCHE PARISH PRESCHOOL PROGRAMS  
2015-2016 SCHOOL YEAR APPLICATION**

**Child and Parent Information**

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **MAILING ADDRESS: If different**  
\_\_\_\_\_  
\_\_\_\_\_

**(The following questions are used for statistical purposes only)**

<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>ETHNICITY:</b> <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> BI-RACIAL	<b>PRIMARY LANGUAGE IN HOME:</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> ASIAN <input type="checkbox"/> FRENCH <input type="checkbox"/> MIDDLE EASTERN
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**MOTHER'S NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **Cell or Alternate Phone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**EDUCATION: Did you graduate from High School or receive a GED**      **Yes** \_\_\_\_      **No** \_\_\_\_  
If **NO** check Highest Grade Completed    \_\_8<sup>th</sup> \_\_9<sup>th</sup> \_\_10<sup>th</sup> \_\_11<sup>th</sup> \_\_12<sup>th</sup> but did not graduate

**Is Mother Employed:** \_\_\_\_ **Yes** \_\_\_\_ **No**      **If YES,** \_\_\_\_ **Full Time**      \_\_\_\_ **Part Time**

**FATHER'S NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **Cell or Alternate Phone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**EDUCATION: Did you graduate from High School or receive a GED**      **Yes** \_\_\_\_      **No** \_\_\_\_  
If **NO** check Highest Grade Completed    \_\_8<sup>th</sup> \_\_9<sup>th</sup> \_\_10<sup>th</sup> \_\_11<sup>th</sup> \_\_12<sup>th</sup> but did not graduate

**Is Father Employed:** \_\_\_\_ **Yes** \_\_\_\_ **No**      **If YES,** \_\_\_\_ **Full Time**      \_\_\_\_ **Part Time**

**Child's Data**

**Do you have any concerns about your child's health?**      \_\_\_\_ **YES**      \_\_\_\_ **NO**

**If yes please describe concerns** \_\_\_\_\_

**Does your child have an IFSP/IEP or Disability?** \_\_\_\_ **YES** \_\_\_\_ **NO**.  
\*\*\*\*If yes please provide documentation of the disability\*\*\*\*

**Was this Child or another child in Head Start before?** \_\_\_\_ **YES** \_\_\_\_ **NO**.

**FAMILY INFORMATION (Check one in each area)**

Family in Military: \_\_\_ YES \_\_\_ NO      Family Member with Disability: \_\_\_ YES \_\_\_ NO

Family Member Previously or Currently in Head Start: \_\_\_ YES \_\_\_ NO

**Parent Type:**

- Two parent family (legally married)
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Single parent family (mother figure only) living with partner
- Single parent family (father figure only) living with partner

**Family Type:**

- Biological Family
- Foster Family
- Other Family Type
- Other Relatives
- Teen Parent

**Types of Services or Financial Assistance Receive (Check all that Apply)**

- Unemployment Assurance       Child Support/ Alimony
- Foster Care/Adoption Subsidy       Medical Financial Assistance (i.e., Medicaid/Medicare)
- Public Housing Assistance       Public Assistance/Welfare (i.e., TANF/AFDC)
- Supplemental Security Income (SSI)       Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps
- WIC       None

Do you and your child live with someone in their home?      \_\_\_ YES      \_\_\_ NO

TOTAL NUMBER OF CHILDREN IN HOUSEHOLD: \_\_\_\_\_      TOTAL ADULT MEMBERS: \_\_\_\_\_

**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 may be 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 Head Start is NOT required to provide transportation for your child.\*\*\***

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date