

TOTAL COMMUNITY ACTION
HEAD START
 BIRTH TO FIVE

EHS CCP PARTICIPANT APPLICATION

CHILD'S NAME: _____ D.O.B: _____ RACE: _____

SEX: _____ MALE _____ FEMALE CHILD'S HEALTH INSURANCE TYPE/NUMBER: _____

ADDRESS: _____ ZIP: _____ CHILD'S SS#: _____

HAS THE FAMILY BEEN SERVICED THROUGH HEAD START BEFORE? _____ yes _____ no WHERE: _____

HOME PHONE#: _____ OTHER PHONE#: _____ PRIMARY LANGUAGE: _____

EMAIL ADDRESS: _____ **CHILD CARE ASSISTANCE STATUS:** approved applied pending N/A

DOES THE CHILD HAVE A DISABILITY OR SPECIAL NEED? (SPECIFY): _____

DOES THE CHILD HAVE A CURRENT (IEP) OR (IFSP) _____ yes _____ no **Children with disabilities are welcomed.**

FAMILY INFORMATION (PARENT OR LEGAL GUARDIAN):

(If someone other than the parent enrolls the child, documentation indicating that the person is the child's legal guardian must be presented. A copy of the document must be placed in the child's folder.)

MOTHER/LEGAL GUARDIAN: _____

FATHER/LEGAL GUARDIAN: _____

RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO CHILD: _____

SSN#: _____ D.O.B. : _____

SSN#: _____ D.O.B. : _____

ADDRESS: _____

ADDRESS: _____

ZIP: _____ PHONE#: _____

ZIP: _____ PHONE#: _____

OCCUPATION: _____ ANNUAL INCOME: _____

OCCUPATION: _____ ANNUAL INCOME: _____

EMPLOYED: _____ yes _____ no Where: _____

EMPLOYED: _____ yes _____ no Where: _____

HIGHEST GRADE COMPLETED: _____

HIGHEST GRADE COMPLETED: _____

Please list other persons living with you that you support financially: (Use the back of sheet if more space is needed.)

NAMES OF MEMBERS	DATE OF BIRTH	SSN#	AGE	RELATIONSHIP TO CHILD	OCCUPATION (STUDENT/SCHOOL)	DISABILITY; SPECIFY

*****TRANSPORTATION IS NOT PROVIDED.*****

Parental Status (check one)	Relatives employed at TCA Head Start	Receiving TANF	Active Duty Military	Receiving SSI	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian Signature: _____ **Date:** _____

TCA/HS: SSRECRUIT/I-1 (Revised 4/2016)

Head Start Recruitment Forms will be only be kept on file for the current school year. This application is not complete until all required documents have been submitted.



EHS-CCP CENTERS PREFERENCE RANKING

Parent/Guardian Name: Please Print _____ Date: _____

Child's Name: _____ Date of Birth: _____

Using a scale of 1 – 6, please rank your center preferences. Place a 1 next to your first choice and rank all centers in numeric order to 6, which will represent your last preference.

Do not place a number next to a center you are not interested in selecting.

Serving Infants 6 weeks – children 36 months	
_____	Giggles Child Development Center 6400 St. Claude Ave. NOLA 70117 7:00 AM -5:00 PM
_____	It Takes a Village Academy 3605 Garden Oaks NOLA 70114 7:00 AM -5:00 PM
_____	Little Steps Learning Center 4335 Werner Dr. NOLA 70126 7:00 AM - 5:00 PM
_____	Open Minds Open Hearts 2001 Frenchman St. NOLA 70116 7:00 AM -5:00 PM
_____	Viet Child Development Center 13435 Granville St. NOLA 70129 7:00 AM -5:00 PM
_____	Viney Reynolds Child Development Center 3501 Erato St. NOLA 70125 7:00 AM -5:00 PM