

Early Head Start

ENROLLMENT APPLICATION

Preference : ☐ Home Based Option ☐ Center Based Option (☐ OV or ☐ WL)

Child's Name or <input type="checkbox"/> Pregnant Mother (as printed on Birth Certificate) First: _____ Last: _____	Birth Date / /	Racial/Ethnic Codes (Codes match Michigan SRSD reporting) <input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Pac. Islander <input type="checkbox"/> White	Related to: check all that apply (See below) <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2	How Related <input type="checkbox"/> Natural Child <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Grand Child <input type="checkbox"/> Foster Child Other _____	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Other _____	Secondary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Other _____
	Sex M F					
Child has disability or special need. No Suspected Yes IEP for : _____ <input type="checkbox"/> Has Current IEP <input type="checkbox"/> IEP in Process <input type="checkbox"/> Has current IFSP			Was child/parent referred to program? No Yes (If yes, by whom and why?) Program: _____ Person: _____ Why? _____			

FAMILY INFORMATION

Adult 1 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Step-Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Other _____ please specify if other First Name _____ Last Name _____			Does your family receive WIC? Yes No If yes, WIC # _____ Last WIC visit? _____			My family: <input type="checkbox"/> Sleeps somewhere different several nights a week/month. <input type="checkbox"/> Shares the housing of other persons due to loss of housing or loss of job. <input type="checkbox"/> Lives in motels or campgrounds. <input type="checkbox"/> Lives in emergency or transitional shelters. <input type="checkbox"/> Is awaiting foster care placement. (example: Child Haven) <input type="checkbox"/> Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.		
Mailing Address		City	State MI	Zip Code	County			
Living Address		City	State MI	Zip Code	County			
Home Phone Number () _____	Work Phone () _____	Message Phone () _____	Cell #1 () _____	Cell #2 () _____				
Primary Language English Spanish Other _____		Secondary Language English Spanish Other _____		Sex M F	Education (see codes below)	Employment (see codes below)	Does this individual live with the family? Yes No	Does this individual provide financial support for the family? Yes No

Education Level Codes LTH=Less than High School Degree HSG/GED = High School Graduate	SC=Some College CD = College Degree	Employment Status Codes (List all codes that apply) F = Full Time Employed P = Part Time Employed	S = Seasonal T=Attending Training/School	R=Retired/Disabled U=Unemployed
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Adult 2 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Step-Parent <input type="checkbox"/> Teen Parent <input type="checkbox"/> Other _____ please specify if other First Name _____ Last Name _____			Primary Language <input type="checkbox"/> Eng. <input type="checkbox"/> Span. Other _____	Secondary Language <input type="checkbox"/> Eng. <input type="checkbox"/> Span. Other _____	Sex M F	Education (see codes above)	Employment (see codes above)	Does this individual live with the family? Yes No	Does this individual provide financial support for the family? Yes No
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List all children and any other family members living in the same household who are supported by the income of the parent/guardian of the child enrolling in the program. These family members must be related to the parents/guardians by blood, marriage or adoption. If any of those listed have any of their own income, please check the box in front of their name.

NAME	AGE	How related?	NAME	AGE	How related?	NAME	AGE	How related?
<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____

PARENT/GUARDIAN PERMISSION

For my child's participation in the Muskegon/Oceana Family and Early Childhood Programs, I hereby give permission

YES NO

_____ for my child to receive all required health and mental health, dental, developmental and educational screenings and assessments including Health Department test and measurements and follow-up services needed for participation.

_____ to use photographs of my child in school news stories, or for advertising purposes.

_____ to exchange all information available on my child with public schools and community agencies as needed for program participation.

Parent/Guardian Signature _____ **Date** _____

Revised 12/8/2009

Risk Factor Assessment (check all that apply for you or your child)

✓	RISK FACTOR	DEFINITION
	1. Extremely low family income	Extremely low family income is below 200% offederal poverty level (FPL).
	2. Low family income	Low family income is between 200% and 300% of federal poverty level (FPL).
	3. Diagnosed disability or identified developmental delay	Child is eligible for special education services or child's developmental progress is less than that expected for his/her chronological age, or chronic health issues causing development or learning problems.
	4. Severe or challenging behavior	Child has been expelled from preschool or child care center.
	5. Primary home language other than English	English is not spoken in the child's home; English is not the child's first language.
	6. Parent/s with low educational attainment	Parent has not graduated from high school or is illiterate.
	7. Abuse/neglect of child or parent.	Domestic, sexual, or physical abuse of child or parent; child neglect issues.
	8. Environmental risk.	Parental loss due to death, divorce, incarceration, military service, or absence; sibling issues; teen parent (not yet age 20 when first child born); family is homeless or without stable housing; residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services); or prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.

*This risk factor must be used in conjunction with another factor if a standardized test score is being used as the sole factor in meeting Risk Factor #2.

Pregnant Mother's Name: _____

Pregnancy Information			
What is your expected delivery date?		Health Care Provider/Clinic	
Who provides your prenatal care?		Name	
Name		Address	
Address		City	
City		Office Phone #	
Office Phone #		Dental/Clinic	
Hospital Preference:		Name	
Medical Insurance:		Address	
		City	
		Office Phone #	

I verify with my signature that the above information is correct to the best of my knowledge.

Signature of parent/guardian or pregnant mother

Date

For Office Use Only	
Additional Comments to assist with Eligibility:	
Staff Signature:	Print Staff Name:
Agency/Delegate District:	Staff Phone #