

LULAC HEAD START INC.

Mill River Center 375 James Street New Haven, CT 06513 (203) 777-7501 Fax: (203) 773-9320 Fay Miller Center 250 Cedar Street New Haven, CT 06519 (203) 777-4006 Fax: (203) 777-8781 Crossroads Center 54 East Ramsdell Street New Haven, CT 06515 (203) 387-0094 Ext. 178 Fax: (203) 821-3043

Pre-Application Form 2015 – 2016

	This pre-appli	cation must be completed	and returned with all	enrollment doci	uments.	
Child	l's Name:		Child's	Child's Date of Birth:/		
Sex: Male Female Child's Primary Language:						
				Mother's D.O.B:		
				Email address:		
Address:						
Home phone: Work phone:		Cell	Cell phone:			
Father's/Guardian's Name:				Father's D.O.B:		
Address:		New Ha	New Haven, CT			
	Home phone: Work phone:					
Does	your child need full d	ay / full year or part day /	part year care:			
Have Child	's Name and DOB:	en enrolled at any of LULA, Due Date:			provide,	
1.		, Due Date: nily members in the househo	_			
2. 3. Incon 4.	Total number of adune (Gross Income)	Idren in family Nu lts in household who are en	nployed	•	:/EHS	
5 .	Public Assistance (TANF / SSI): Monthly <u>Cash</u> Amount \$ Earned Income \$ weekly / bi-weekly / monthly (Circle One)					
6.	Other incomes Social Security \$(M) Unemployment \$(W) Stipends \$(W)					
	Child Support \$ weekly / monthly (Circle One)					
7.	•	ve any diagnosed special n		Yes or No		
8.	Is your child receiving services from Birth to Three or ECAT ? Yes or No					
9.	Will your child need to have medications administered at school ? Yes or No					
10.	Family Concerns (Please check any that applies to you and your family)					
	Appointed Guar Single Parent	Domestic Violence Mer rdian Enrolled in Schoo No High School or O	ol or Training Hea GED Teen Parent	lth /Nutrition Pro (13 to 19 years o	blems	
12.	Were you referred to LULAC? Yes or No Do you have a referral letter? Yes or No					
13.	Where did you learn about us? Fairs, Community Agencies, Family/Friends, Radio					
I affii	rm that the informat	ion I have provided is true	e, accurate, and to the	best of my know	vledge and ability.	
Mother/Father or Guardian Signature:				_ Date:		
Staff Signature:				_ Date:		

LULAC HEAD START INC.

LULAC Head Start Inc. is now accepting applications for children ages 8 weeks to 4 years old to participate in any of our 4 to 10 hour programs.

"Research shows that children who are introduced to Early Childhood Education programs do better in school and succeed in life"

Dear Parents or Guardians:

The following documents need to be submitted to complete your child's enrollment at LULAC Head Start Inc.

- **✓**Birth Certificate (long form)
- **✓ Child's Social Security Card**
- ✓ Proof of Income (TANF (DSS) Budget Letter, 4 weekly consecutive pay stubs, 2 bi-weekly consecutive pay stubs, 2014 W-2 or 1040 Form, Employer's letter on company letterhead stating hourly wage and hours work per week or current payroll history for the last 4 weeks)
- **✓**Proof of Address (CURRENT grounded utility bill, rental lease)
- **✓**Physical Exam
- **✓Immunizations**
- **✓** Dental Exam
- **✓**Health Insurance Card
- **✓**Proof of Custody (If Applicable)
- ✓ Employer's letter on company letterhead stating work schedule, school or training (for full day/full year services)
- **✓WIC** and Food Stamp numbers (If Applicable)

Please call if you have any questions <u>and</u> to schedule an intake appointment with one of our Family Advocates who will guide you into getting a head start into your child's education future.

We look forward to providing your child and your family with a high quality early childhood education and family services.