



Mill River Center  
 375 James Street  
 New Haven, CT 06513  
 (203) 836-5822  
 Fax: (203) 773-9320

Fay Miller Center  
 250 Cedar Street  
 New Haven, CT 06519  
 (203) 836-5850  
 Fax: (203) 777-8781

Crossroads Center  
 1399 State Street  
 New Haven, CT 06513

**Pre-Application Form 2017**

**This pre-application must be completed and returned with all enrollment documents.**

**Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: Male \_\_\_ Female \_\_\_ Child's Primary Language: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_  
**Mother's/Guardian's Name:** \_\_\_\_\_ **Mother's D.O.B:** \_\_\_\_\_  
 Mother's Education Level: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ New Haven, CT \_\_\_\_\_ (zip code)  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
**Father's/Guardian's Name:** \_\_\_\_\_ **Father's D.O.B:** \_\_\_\_\_  
 Father's Education Level: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ New Haven, CT \_\_\_\_\_ (zip code)  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Does your child need **full day** or **part day** services: \_\_\_\_\_

Is he/she a foster child? Yes or No

*Have you had other children enrolled at any of LULAC's centers? \_\_\_\_\_, if YES please provide, Child's Name and DOB:* \_\_\_\_\_

*Are you pregnant? \_\_\_\_\_, Due Date: \_\_\_\_\_, High Risk? \_\_\_\_\_*

1. Total number of family members in the household (include yourself) \_\_\_\_\_
2. Total number of children in family \_\_\_\_\_ Number of children currently in Head Start/EHS \_\_\_\_\_
3. Total number of adults in household who are employed \_\_\_\_\_

**Income (Gross Income)**

4. Public Assistance (TANF / SSI): Monthly **Cash** Amount \$ \_\_\_\_\_
5. Earned Income \$ \_\_\_\_\_ weekly / bi-weekly / monthly / annual (Circle One)
6. Other incomes **Social Security** \$ \_\_\_\_\_ (M) **Unemployment** \$ \_\_\_\_\_ (W) **Stipends** \$ \_\_\_\_\_ (W)  
**Child Support** \$ \_\_\_\_\_ weekly / bi-weekly / monthly (Circle One)

7. Does your child have any diagnosed special needs or disabilities? *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 off all that apply to you and your family)

Homeless \_\_\_ Domestic Violence \_\_\_ Mental Health \_\_\_ Substance Abuse \_\_\_ Parent in Prison \_\_\_  
 Teen Parent (13 to 19 years old) \_\_\_ Appointed Guardian \_\_\_ Enrolled in School or Training \_\_\_  
 Special Need (Nut./Med./Language \_\_\_ DCF Involvement \_\_\_ Sibling (currently enrolled) \_\_\_

11. Were you referred to LULAC? *Yes or No* Do you have a referral letter? *Yes or No*
12. Where did you learn about us? Fairs, Community Agencies, Family/Friends, Radio

**I affirm that the information I have provided is true, accurate, and to the best of my knowledge 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, 2016 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 and 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.**