



P. O. Box 594 ♦ Lucedale, MS 39452
 Phone 601.947.8219 ♦ Fax 601.947.8223
srea@att.net
 2024-2025

APPLICATION FOR ENROLLMENT

Preferred Center: _____

Enrolling Child's or Pregnant Woman's Information

CHILD'S OR PREGNANT WOMAN'S FULL NAME _____ DATE OF BIRTH AND/OR DUE DATE _____

PREFERRED NAME _____ GENDER _____ SOCIAL SECURITY NUMBER _____

MEDICAID/PRIVATE INSURANCE NUMBER _____ RACE _____ LANGUAGE _____

Living Address:

Mailing Address:

Parent/Legal Guardian Information (Primary Parent) ENROLLED IN SCHOOL? Yes No

NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ GENDER _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

Parent/Legal Guardian Information (Secondary Parent) - *if living in the home* ENROLLED IN SCHOOL? Yes No

NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ GENDER _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____



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Siblings

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of ADULTS in the household: _____

Total number of CHILDREN in the household: Ages 0-3 _____ 4-5 _____ 6-18 _____

Income

Yearly: _____

- How did you hear about Head Start? Newspaper Radio/Fair Massive Recruitment
 Referral (self/staff/another agency) Flyer/Poster (Where? _____)
 Other _____

Please provide your email and/or phone number if you would like to receive information by email or text message.

(Leave blank if you do not wish to receive information by email or text message)

Email Address: _____

Phone number for Text: _____

Family's Nationality: American Mexican Puerto Rican Other _____

By signing I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in the application will be held in strict confidence within the agency and is accessible to me during normal business hours.

 PARENT SIGNATURE

 DATE

 STAFF SIGNATURE

 DATE

In accordance with Federal law and the U.S. Department of Agricultural policy, this intuition does not discriminate on the basis of race, color, national origin, sex, age or disability.



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Primary Parent:

Highest Grade Completed?

Employment Status?

Secondary Parent:

Highest Grade Completed?

Employment Status?

Doctor

Dentist

Does anyone in the family receive WIC? yes or no

Currently on TANF? yes or no

Formerly on TANF ? yes or no

Does the family receive SNAPS? yes or no

Either parent currently active duty military? yes or no

Either parent a Veteran of the Armed Forces? yes or no

Does anyone in the family receive SSI? yes or no If yes, Who? _____

Contacts (people we can call in case of emergency and can pick up the child)

Please use the name on the persons ID – **DONOT** include the Primary and Secondary Parent

Name: _____

Phone #: _____

Relationship to child _____

Name: _____

Phone #: _____

Relationship to child _____

Name: _____

Phone #: _____

Relationship to child _____

Name: _____

Phone #: _____

Relationship to child _____

Name: _____

Phone #: _____

Relationship to child _____

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