



P. O. Box 594 ♦ Lucedale, MS 39452  
 Phone 601.947.8219 ♦ Fax 601.947.8223  
[apply@sreaheadstart.com](mailto:apply@sreaheadstart.com)  
 2025-2026

## 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 \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship to child \_\_\_\_\_