

LaSalle Parish School System / Head Start Pre-Kindergarten Registration Form

Applicant Name _____ Birthday _____

Site Choice (Please rank 1 st and 2 nd choice of educational site)						
LaSalle Parish: ___ LaSalle Parish Head Start ___ LaSalle Public Pre-Kindergarten						
Participant 1						
Last		First		Middle	Preferred	Suffix
Birthday		Gender				
Race (check all that apply)		Ethnicity	English Proficiency			
<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Primary			
		Nationality	Other Language Spoken _____		<input type="checkbox"/> Primary	
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Primary Adult Relationship			<input type="checkbox"/> Custody	Secondary Adult Relationship		<input type="checkbox"/> Custody
Medicaid Eligibility	Medicaid Number	Primary Health Coverage		Other Health Coverage	Insurance Number	
Does your child have a special need? Yes No If yes, please attach all documents related to child's special need (i.e.) evaluation, medical records, I.E.P.'s IFSP, etc.						
Participant 2						
Last		First		Middle	Preferred	Suffix
Birthday		Gender				
Race (check all that apply)		Ethnicity	English Proficiency			
<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Primary			
		Nationality	Other Language Spoken _____		<input type="checkbox"/> Primary	
			<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			
Primary Adult Relationship			<input type="checkbox"/> Custody	Secondary Adult Relationship		<input type="checkbox"/> Custody
Does your child have a special need? Yes No If yes, please attach all documents related to child's special need (i.e.) evaluation, medical records, I.E.P.'s IFSP, etc.						
Mother / Female Guardian						
Last		First		Middle	Preferred	Suffix
Birthday		<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Does Not Provide Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized				
Highest Grade Completed	Employment Status	Email Address				
Notes						
Father / Male Guardian						
Last		First		Middle	Preferred	Suffix
Birthday		<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Does Not Provide Financial Support <input type="checkbox"/> Teen Parent <input type="checkbox"/> Subsidized				
Highest Grade Completed	Employment Status	Email Address				
Notes						
Other Family Members						
Adult/Child	Last	First	Last	Birthday	Gender	Age
Notes						

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General Information										
Physical Address				City	State	Zip	County			
Mailing Address (if different)				City	State	Zip				
Phone Number	Home, Work, Cell, etc.		Primary	Notes						
			<input type="checkbox"/>							
			<input type="checkbox"/>							
			<input type="checkbox"/>							
Number in Household		Num. in Family		Total Num. of Children		Num. Age 0-3		Num. Age 4-5		
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two			Primary Language at Home			Primary Site				
Family Information										
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly			<input type="checkbox"/> SSI <input type="checkbox"/> WIC / WIC ID			<input type="checkbox"/> SNAP #		Exp. Date		
Family Member	Date	Income Source	Amount	Per	Annual Amount	Type ¹	Desc. ²	Verif. ³		
1. Type Codes ERN–Earned SUB–Subsidized		2. Description Codes PEN–Pension SSI–SSI SS–Social Security			3. Verification Codes CS–Check Stub W2–W-2 EL–Employer Letter TAN–TANF					
Income Notes										
Family Information – Public Pre-Kindergarten Students Only										
Was the child in any type of non-parental care for a period of 6 month or longer before entering the pre-kindergarten program?										
<input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, indicate all types of child care used for 6 month or longer since birth:										
<input type="checkbox"/> Child Care Center		<input type="checkbox"/> Registered family day care			<input type="checkbox"/> Care center in a church		<input type="checkbox"/> Head Start			
<input type="checkbox"/> Early Head Start (ages 0-2)		<input type="checkbox"/> At child's home with relatives			<input type="checkbox"/> At relative's home		<input type="checkbox"/> At neighbor's home			
<input type="checkbox"/> At child's home with paid babysitter		<input type="checkbox"/> Other (specify) _____								
Emergency Contacts										
Contact 1	Name			Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to		
	Address				City	State	Zip			
	Phone 1		Type / Notes		Phone 2		Type / Notes		Phone 3	
Contact 2	Name			Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to		
	Address				City	State	Zip			
	Phone 1		Type / Notes		Phone 2		Type / Notes		Phone 3	
Contact 3	Name			Relationship to Child		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Release Child to		
	Address				City	State	Zip			
	Phone 1		Type / Notes		Phone 2		Type / Notes		Phone 3	

Certification: 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 this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Verifying Staff Member _____ Date _____