

**The Center Early Head Start
Lake County Schools
2018-2019 Application Form
Expectant Mothers**

Revised 10/018

Expectant Mother Information

Name		Mailing Address	
Date of Birth	Physical Address		
Preferred daytime contact	Home Phone	Cell or Message	Email Address
Employer	Employer Address	Work Phone	
Mother's Employment Information : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Homemaker <input type="checkbox"/> In job training or school <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Actively Deployed Military			
Mother's Education Information : <input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college, vocational, AA/AS degree <input type="checkbox"/> Bachelor or Advanced College degree			
Mother's Educational Goals : <input type="checkbox"/> GED classes <input type="checkbox"/> English classes <input type="checkbox"/> college classes <input type="checkbox"/> parenting classes <input type="checkbox"/> Other			
Was mother under 18 at time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Was mother unmarried at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Language / Race / Ethnicity Questionnaire

Primary Language spoken at home :	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Both <input type="checkbox"/> Other :_____
Primary Language for letters sent home :	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Both <input type="checkbox"/> Other :_____
Ethnicity : Please mark one.	<input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Non-Hispanic or Latino origin
Race : Please mark one or more.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Other :_____

Mothers Signatures

Mothers Signature	Date		
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List all other family members not listed above whom live in your household and for whom you are responsible for the care and welfare.

Name	Related to Mother	Date of Birth	Is this person related to the mother?	Is this person supported by the families income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of people living in the household (including you) for whom you provide financial support.

The Center respects and protects your family's privacy. The information you provide in this enrollment packet will be used to determine you eligibility for programs and services and will not be shared without your permission.

I understand this is an application for services that may be paid for with government funds and that intentionally providing misleading, inaccurate, or untruthful information may result in my child being terminated from the program.

*** I understand this is an application only and does not guarantee enrollment in the program ***

Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 USC 11435. The answers to this residency information help determine the services the child may be eligible to receive.

- How many times has your family moved in the last 3 years? _____
- Is your current address a temporary living arrangement? Yes No
- Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

Photo and Video Release

Yes No

I authorize The Center Early Childhood Programs to photograph or permit photographs to be taken and for the filming of video of me.

The photos or videos may be posted in The Center, published in the newsletter, on The Center's website or social media pages, news media, or used in promotional materials for these programs.

Medical and Dental Information

Do you have a primary health care provider who provides your prenatal care or your child's regular health care? Yes No

Provider's
Name _____ **Address** _____ **Phone** _____

Do you have medical coverage or insurance? Yes (please bring the card to make a copy) No

If "Yes" what type Medicaid ID# _____ Private insurance Company Name & Policy # _____

Mothers Signatures

