

LEADS HEAD START INTAKE

Date mm/dd/yyyy	
Program Year	
Program Options	<input type="checkbox"/> Traditional Half-day <input type="checkbox"/> Home Base <input type="checkbox"/> Full-day/Full-year <input type="checkbox"/> Full-day/Part- year <input type="checkbox"/> Substitized child Care <input type="checkbox"/> Partnership
Program Type	<input type="radio"/> Early Head Start <input type="radio"/> Head Start
Child Information	
Child Social Security Number	
School District of Residence	
Child First Name	
Child Middle Name	
Child Last Name	
Gender	
Date of Birth mm/dd/yyyy	
Date of Birth Verificd by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital record <input type="checkbox"/> SS with Medical card <input type="checkbox"/> Other :
Age	
Parent Information	
Parent/Guardian First Name	
Parent/Guardian Middle Initial	
Parent/Guardian Last Name	
Home Address	
Home Address 2	
City	
State	
Zip Code	
Home Phone	
Work Phone	

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Message Phone	
Annual Income	
Number in Household supported by this income	
Does your child need a ride to school	
Does your child need a ride home	
Alternative address for Transportation and Center Assignment	
Address 2	
City	
State	
Zip Code	
Phone	
Primary adult at the above address (If different than parent)	
First Name	
Middle Initial	
Last Name	
How/Where did you find out about Head	
Special Needs/Disabilities	
Children with special needs may receive priority for Head Start Enrollment. Your disclosure of this information is strictly voluntary	
Does Your child have a suspected disability/special need?	
	<input type="checkbox"/> SSI <input type="checkbox"/> OWF <input type="checkbox"/> Foster
Source of Information	<input type="checkbox"/> Evacuee <input type="checkbox"/> Center <input type="checkbox"/> Internet/emial <input type="checkbox"/> Phone <input type="checkbox"/> Walkin <input type="checkbox"/> Other:
Completed by	
Phone Number	
Center Assigned	
Intake Status	