

CALVIN VINCENT PRE-K/ HEAD START PRE-ENROLLMENT APPLICATION 2022-2023

Please complete in blue or black ink
ALL QUESTIONS MUST BE ANSWERED COMPLETELY – NO ITEMS MAY BE LEFT BLANK

Child’s Name: _____ Date of Birth: ____ / ____ / ____ Gender: Male Female
Month Day Year

BASIC DEMOGRAPHIC DATA:

Child’s Legal Name (**As printed on official birth certificate**): _____
First Name Middle Name Last Name

Age of child on September 1, 2022: _____ Social Security Number: _____ - _____ - _____

Parent(s) or Legal Guardian(s) Name(s): _____

Child’s Address: _____
Street with Apartment # (If applicable) City State Zip Code

Address of Parent(s) or Legal Guardian(s) if different than child’s: _____

Home Phone # (_____) Cell # (_____) E-mail: _____

Do you have a phone that can receive text messages? If yes, please enter the number: _____

Child’s Ethnicity (MUST Check one)

Hispanic/Latino Origin Non-Hispanic/Non-Latino Origin

Child’s Race (MUST also check all that apply)

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander
 White/Caucasian Hispanic/Latino Bi-racial/Multi-racial Other _____

LANGUAGES:

What language does your child speak most often? _____

Are any other languages spoken in the home? _____

PREVIOUS SCHOOL EXPERIENCE:

Has your child been previously enrolled in **Head Start**? Yes No **Pre-K**? Yes No **Day Care**? Yes No
If YES for any of the above, please list the school district and/or campus name where your child has attended school:

DIAGNOSED SPECIAL NEEDS:

Does your child have a disability? Yes No - If YES, does your child have an Individual Education Plan (IEP)? Yes No

Is, or was, your child in Early Childhood Intervention (ECI)? Yes No
If YES, does your child have an Individual Family Service Plan (IFSP)? Yes No

Copies of IEP or IFSP provided. What type of disability does your child have? _____
What special services are they currently receiving? _____

Do you have other concerns about your child’s overall health and development? Yes No

Describe your concerns: _____

Concerns also expressed by: Medical Specialist Primary Care Provider Family Member
 Program/Day Care Staff Social Services Agency Other: _____

Primary Parent/ Legal Guardian

Secondary Parent/ Legal Guardian

First Name Last Name
Date of Birth: _____ / _____ / _____
Month Day Year

First Name Last Name
Date of Birth: _____ / _____ / _____
Month Day Year

Gender: Female Male

Gender: Female Male

Relationship to Child: _____

Relationship to Child: _____

Primary Parent's Ethnicity (MUST check one):

- Hispanic/Latino Non-Hispanic/Non-Latino

Secondary Parent's Ethnicity (MUST check one):

- Hispanic/Latino Non-Hispanic/Non-Latino

Primary Parent's Race (Check all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Hispanic/Latino
- Bi-Racial/Multi-Racial
- Other: _____

Secondary Parent's Race (Check all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Hispanic/Latino
- Bi-Racial/Multi-Racial
- Other: _____

PRIMARY PARENT'S EMPLOYMENT STATUS:

- Employed Unemployed
- Retired Disabled
- Stay at home parent Active Duty Military
- First Responder (Police, EMS, Fire)

SECONDARY PARENT'S EMPLOYMENT STATUS:

- Employed Unemployed
- Retired Disabled
- Stay at home parent Active Duty Military
- First Responder (Police, EMS, Fire)

Place of Employment: _____

Place of Employment: _____

Paid How Often? (Circle One)

Weekly Bi-Weekly Twice per Month Monthly

Paid How Often? (Circle One)

Weekly Bi-Weekly Twice per Month Monthly

Start Date: ___ / ___ / ___ Work Telephone: _____

Start Date: ___ / ___ / ___ Work Telephone: _____

Does this parent financially support the child? Yes No

Does this parent financially support the child? Yes No

Does this parent live in the house with the child? Yes No

Does this parent live in the house with the child? Yes No

PRIMARY PARENT'S EDUCATION:

(Mark highest grade completed)

- Less than or equal to 4th grade
- 5th – 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade (no diploma)
- High School Graduate/ GED
- Some college or Associate's Degree (*circle one*)
- Bachelors or Advanced Degree

SECONDARY PARENT'S EDUCATION:

(Mark highest grade completed)

- Less than or equal to 4th grade
- 5th – 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade (no diploma)
- High School Graduate/ GED
- Some college or Associate's Degree (*circle one*)
- Bachelors or Advanced Degree

CURRENTLY ATTENDING:

- High School Diploma or GED classes
- Vocational School
- College

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FAMILY SIZE INFORMATION:

In order to determine if your family income is at or below the Federal Poverty Guidelines, we must know how many people are living in your household as well as your family income. For our purposes, a family is "...all persons living in the same household who are (1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program, and (2) related to the parent(s) by blood, marriage, or adoption." (Performance Standard 45 CFR 1305.2)

Please list **all people in the family** who are supported by the child's **parents' or legal guardians'** income including the child who is applying and all parents/ legal guardians and meet the above criteria:

(Use back of paper for additional space):

<u>Name</u>	<u>Relationship to Child</u>	<u>Date of Birth</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Number of people living in the household who are supported by the income of parents/legal guardians living in the home: _____

FAMILY TYPE:

- Single-parent family
- Two-parent family
- Foster parent
- Grandparents raising grandchildren
- Person with legal custody

PARENTS'/ LEGAL GUARDIANS' MARITAL STATUS:

- Married
- Divorced
- Legally Separated (Date: _____)
- Spouse deceased
- Single

FAMILY INCOME:

Income verification must include the **total gross income of all parents/ guardians** living in the home. Two of the most recent paychecks for every working parent in the home must be presented. If a parent is not currently working, an official document stating this must be submitted to the program.

Are you or anyone in your family currently receiving any of the following? **If yes, please provide written verification.**

- Yes No TANF (Temporary Assistance for Needy Families)
- Yes No SSI (Supplemental Security Income)
- Yes No Social Security Benefits (Not SSI)
- Yes No Unemployment Benefits
- Yes No Pell Grants or Scholarships
- Yes No Foster Care Subsidy

Yes No Child Support: **If yes, total amount ordered each month for all children in the household: \$ _____**
 (A print-out showing court ordered payments for **each child** must be submitted with this application)

Other arrangements please indicate (If there is no income, how do you meet your living needs?): _____

OTHER FAMILY ASSISTANCE:

Are you currently receiving assistance from any other agencies (Please check all that apply)?

- Energy Assistance
- SNAP (Formerly Food Stamps)
- Subsidized Housing (Section 8)
- WIC
- Medicaid/CHIP
- Other (Complete Campus Form)

INSURANCE INFORMATION:

Does your child have medical insurance? Yes No

If YES, please print the name of the insurance company: _____ Policy Number: _____

LIVING ARRANGEMENTS:

Do you have a primary FIXED nighttime residence (Do you sleep in the same place each night, and all of your belongings stay there?)

Yes (**If YES skip to the next section--MOVES**)

No (**If NO, please complete the remainder of this section—LIVING ARRANGEMENTS:**)

Is your current address a TEMPORARY living arrangement? Yes No

If YES, check one of the following arrangements:

- Hotel/ Motel Shelter With more than one family in a house or apartment Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- Other (*Specify*) _____

Specify the length of time you anticipate living in the TEMPORARY arrangement: _____

Is your TEMPORARY living arrangement due to a loss of housing, economic hardship or similar situation within the past year?

Yes No

MOVES:

How many times has your family moved in the past 12 months? _____ (*Specify total number of moves*)

Were these moves made to look for TEMPORARY or SEASONAL WORK? Yes No

If YES, mark all that apply: Food Processing Fishing Forestry Harvesting

Agriculture (picking – hoeing – sorting – packaging vegetables/fruits)

Other (*Specify*) _____

Do you have a migrant certificate? Yes No

This information in this application will help us to determine your child's eligibility for Head Start or Pre-K Services.

I agree that the information provided is correct to the best of my knowledge. I also understand that my child may be withdrawn from the program if the information was deliberately falsified. In addition, I agree to notify the Calvin Vincent Early Childhood Center of any address and/or telephone changes throughout the year.

Parent/ Legal Guardian Printed Name: _____

Parent/ Legal Guardian Signature: _____ Date: ____ / ____ / ____

Please list two (2) people to contact regarding this application if we cannot reach you with questions regarding this application:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____

TCISD ASSURANCE OF NON-DISCRIMINATION:

Texas City Independent School District does not discriminate against any student, employee, volunteer or applicant because of race, color, religion, sex, national origin, age, marital or veteran status, or disability. Assistance for special needs as defined by the American with Disabilities Act may be requested by persons accessing TCISD programs and services by calling (409) 916-0106 at least 3 days before the aid or service is needed. Inquiries regarding this policy should be directed to the Assistant Superintendent for Human Resources at the TCISD Administration Building, 1700 Ninth Ave. N. Texas City, TX 77590 or call (409) 916-0107.