

# Terrebonne Parish Consolidated Government Head Start Program

Head Start is a federally funded comprehensive preschool program for children ages 3 to 5 from low income families. In order to qualify for the 2011-2012 school session, **a child must be three years old by September 30, 2011.**

The Terrebonne Parish Head Start Program does not discriminate on the basis of race, color, national origin, sex, or disabilities. Children do not have to be potty trained for acceptance in Head Start. Parents of children with severe disabilities are encouraged to apply. There is no fee charged for Head Start services.

To process this application, copies of the following information must be provided.  
***The information you provide on and with this application will remain confidential.***

- Child's Birth Certificate
- Child's Social Security Card
- Parent/Guardian's Driver's License/ID
- Verification of Income – If you are employed, you must provide two current check stubs. If you receive food stamps, you must provide a food stamp printout sheet dated within the last 30 days. If you receive child support, SSI or unemployment compensation, you must provide proof that you receive these.
- Child's Evaluation/Individual Education Plan (If your child receives speech therapy, physical therapy, occupational therapy, or Early Steps Services)
- Child's Immunization Records
- Child's Medicaid/Ins. Card
- Proof of Residency (utility bill)

***Send signed/dated application and copies of the documents listed above to:***  
**Terrebonne Parish Head Start**  
**Attention: Cindy Fanguy**  
**809 Barrow Street**  
**Houma, Louisiana 70360**

Check any services your child is currently receiving:

- Private therapy (speech, physical, or occupational therapy)
- Home-based services through the Terrebonne Parish School System
- Private day care
- Early Steps

Where did you hear about the Head Start Program?  Newspaper  Flyer  
 Relative/Friend  School System  ECSS  Other \_\_\_\_\_

***If you have questions or need assistance with the application process, please call (985) 580-7273.***

# TERREBONNE PARISH HEAD START 2011-2012 SCHOOL YEAR APPLICATION

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All sections must be completed in order for this application to be processed. This application must be completed and signed/dated by the PARENT or LEGAL GUARDIAN ONLY.

CHILD'S NAME: \_\_\_\_\_  
First Name Middle Initial Last Name

CHILD'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS WHERE CHILD LIVES:

\_\_\_\_\_  
Street City Zip Code

MAILING ADDRESS (IF DIFFERENT FROM LIVING ADDRESS)

\_\_\_\_\_  
PO Box or Street Address City Zip Code

TELEPHONE NUMBER(S): \_\_\_\_\_

ALTERNATE TELEPHONE NUMBER(S): \_\_\_\_\_

CHILD'S GENDER: \_\_\_\_\_ Female \_\_\_\_\_ Male

CHILD'S RACE/ETHNICITY: \_\_\_\_\_ Asian \_\_\_\_\_ African American  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Native American  
\_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY CHILD: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN IN THE HOME: \_\_\_\_\_

FAMILY TYPE (check only one):

- Married  
 Single (Mother Only)  Single (Father Only)  
 Teen Parent  
 Grandparents-Custodial (*must provide documentation*)  
 Other Relatives-Custodial (*must provide documentation*)  
 Foster Parent (*must provide documentation*)

\_\_\_\_\_ TOTAL NUMBER OF PERSONS THAT LIVE IN THE HOUSEHOLD  
**Count only those that are supported by the income of the parent or legal guardian.**

You **must** list these household members, their date of birth, Social Security Number, and relationship to the child you are applying for:

<i>First and Last Name</i>	<i>D.O.B.</i>	<i>Social Security Number</i>	<i>Relationship</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MOTHER/GUARDIAN'S INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Level of Education:  
\_\_\_\_ Received High School Diploma/GED **-OR-** Last Grade Completed \_\_\_\_\_  
\_\_\_\_ Some College \_\_\_\_\_ College Graduate (Degree \_\_\_\_\_)  
\_\_\_\_ Currently Enrolled in High School /Technical Training School/College  
Is Mother/Guardian currently employed? \_\_\_\_ Yes \_\_\_\_ No  
Where? \_\_\_\_\_ Work number: \_\_\_\_\_  
\_\_\_\_ Full Time \_\_\_\_ Part Time *Paid:* \_\_\_\_ Weekly \_\_\_\_ Bi-Weekly \_\_\_\_ Monthly

**FATHER/GUARDIAN'S INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Level of Education:  
\_\_\_\_ Received High School Diploma/GED **-OR-** Last Grade Completed \_\_\_\_\_  
\_\_\_\_ Some College \_\_\_\_\_ College Graduate (Degree \_\_\_\_\_)  
\_\_\_\_ Currently Enrolled in High School /Technical Training School/College  
Is Mother/Guardian currently employed? \_\_\_\_ Yes \_\_\_\_ No  
Where? \_\_\_\_\_ Work number: \_\_\_\_\_  
\_\_\_\_ Full Time \_\_\_\_ Part Time *Paid:* \_\_\_\_ Weekly \_\_\_\_ Bi-Weekly \_\_\_\_ Monthly

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