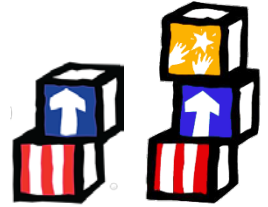




E Center Programs Interest Form



Primary Parent/Guardian Information

First Name: _____ Middle Name: _____ Last Name: _____

Today's Date: _____ Birthday (mm/dd/yyyy): _____ Gender: Male Female

Email Address: _____

Mobile Phone Number: _____ Opt in for Text Messages/Email: Yes No

Home Phone: _____ Work Phone: _____

Employment Status:

- Full-time & Training
- Part-time & Training
- Retired or disabled
- Training or school
- Full-time (35 hours/week or more)
- Part-time (under 35 hours/week)
- Seasonally employed
- Unemployed

Relationship to child:

- Biological/Adopted/Step
- Foster
- Grandchild
- Other relative
- Other _____

Custody: Yes No

Lives with Family: Yes No

Provides Financial Support: Yes No

Teen Parent: Yes No

Secondary Parent/Guardian Information

First Name: _____ Middle Name: _____ Last Name: _____

Birthday (mm/dd/yyyy): _____ Gender: Male Female

Email Address: _____

Mobile Phone Number: _____ Opt in for Text Messages: Yes No

Home Phone: _____ Work Phone: _____

Employment Status:

- Full-time & Training
- Part-time & Training
- Retired or disabled
- Training or school
- Full-time (35 hours/week or more)
- Part-time (under 35 hours/week)
- Seasonally employed
- Unemployed

Relationship to child:

- Biological/Adopted/Step
- Foster
- Grandchild
- Other relative
- Other _____

Custody: Yes No

Lives with Family: Yes No

Provides Financial Support: Yes No

Teen Parent: Yes No

Address

Is your family experiencing homelessness? Yes No

Living Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Family Information

Primary Language at Home: _____ Number in Family: _____

Gross Annual Income: _____

Does the family income come from agriculture work? Yes No

Is your family receiving cash benefits or other services under the *Temporary Assistance for Needy Families* (TANF) Program? Yes No

Is your family receiving *Supplemental Security Income* (SSI)? Yes No

Is your family receiving service from *WIC*? Yes No

Is your family receiving services under the *Supplemental Nutrition Assistance Program* (SNAP), formerly referred to as Food Stamps? Yes No

Child (Applicant)

First Name: _____ Middle Name: _____

Last Name: _____ Birthday (mm/dd/yyyy): _____ Gender: Male Female

Does your child have a disability or do you have any concerns about your child’s development? Yes No

Is there anything else you want to tell us about your child? _____

Child (Applicant)

First Name: _____ Middle Name: _____

Last Name: _____ Birthday (mm/dd/yyyy): _____ Gender: Male Female

Does your child have a disability or do you have any concerns about your child’s development? Yes No

Is there anything else you want to tell us about your child? _____

Unborn child: Expected delivery date: _____

Location Preferences

Which program are you applying for?

Early Head Start *Services for pregnant moms and children 0-3 years old*

Head Start *Services for children 3-5 years old*

Migrant Head Start *Services for children 0-5 from families whose income primarily comes from agriculture work*

State Funded Child Care (CCTR) *Services for children 0-3 years old*

Site & Location: 1st Option: _____ 2nd Option: _____

Submit to:

E Center Head Start Program Office
860 Plaza Way, Yuba City, CA 95991

enroll@ecenter.org

Phone: 1(866)417-4255

Fax: (530)822-9584