West Baton Rouge Parish

☐ Head Start ☐ PreK

Application 2025-2026

☐ BES ☐ CVS ☐ PAES

Head of Household				
First Name:		Last Name:		DOB:
Child				
First Name:		MI:		Last Name:
DOB:	Gender: ☐ Female ☐ Male	Hispanic/Latino: ☐ Yes ☐ No	Primary Language:	Place of Birth:
Race: ☐ Black/African American ☐ White ☐ Bi-racial/Multi-racial ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian/Pacific Islander				U.S. Citizen: ☐ Yes ☐ No
Physical Address:				
Mailing Address (if different):				
Parent/Guardian #1: ☐ Mother ☐ Father ☐ Legal Guardian				
First Name:		Last Name:	DOB:	Hispanic/Latino: ☐ Yes ☐ No
Race:	Primary Language:	Email:		
Physical Address:				
Mobile Phone:		Work Phone:	Home Phone:	
Parent/Guardian #2: ☐ Mother ☐ Father ☐ Legal Guardian				
First Name:		Last Name:	DOB:	Hispanic/Latino: ☐ Yes ☐ No
Race:	Primary Language:	Email:		
Physical Address:				
Mobile Phone:		Work Phone:	Home Phone:	
Child Data				
Custody Applies: ☐ Yes ☐ No	Custody Arrangement:	☐ Sole Custody: ☐ Mother ☐ Father ☐ Guardian ☐ Joint Custody		
Foster Child? ☐ Yes ☐ No				
Child previously enrolled in Early/Head Start or PreK? ☐ Yes ☐ No; Location: _____				
Do you have concerns about your child's overall health and development? ☐ Yes* ☐ No				
*If yes, please describe concerns:				
Child previously applied or was on waiting list? ☐ Yes ☐ No				
Does your child have an IFSP/IEP or disability? ☐ Yes ☐ No				
Is your child in the Evaluation Process? ☐ Yes ☐ No				

Family Data

Family Member with Disability: ☐ Yes ☐ No

Family in the Military: ☐ Yes ☐ No

Family Type in Household:
- ☐ Biological Family
- ☐ Foster Family
- ☐ Other Relative(s)

Parent Type in Household:
- ☐ Single Parent (father figure only)
- ☐ Single Parent (father figure only) living with partner
- ☐ Single Parent (mother figure only)
- ☐ Single Parent (mother figure only) living with partner
- ☐ Two Parent Family

Parent Status in Household:
- ☐ Single Parent, Not Working/Student
- ☐ Single Parent, Working/Student
- ☐ Two Parents, Both Working or Students
- ☐ Two Parents, Neither Working or Students
- ☐ Two Parents, One Working/Student

Types of Services or Financial Assistance Received (check all that apply): ☐ None
- ☐ Child Care Subsidy
- ☐ Energy Program Assistance
- ☐ Foster Care/Adoption Subsidy
- ☐ Other: _____
- ☐ Public Housing Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ WIC
- ☐ Child Support/Alimony
- ☐ EPSDT
- ☐ Medical Financial Assistance (Medicaid/Medicare)
- ☐ Public Assistance/Welfare (TANF/AFDC)
- ☐ SNAP/Food Stamps
- ☐ Unemployment Assurance

Family is Homeless: ☐ Yes ☐ No

Family Housing Type: ☐ Apartment ☐ House ☐ Community Shelter ☐ Migrant Housing ☐ Homeless/No Housing ☐ Mobile Home/Trailer ☐ Hotel/Motel

How did you hear about Head Start/PreK?
- ☐ Community Agency
- ☐ Foster Child
- ☐ Outreach/Recruitment
- ☐ Disability Program (Part H)
- ☐ Self-Referral
- ☐ Abuse/Neglect
- ☐ Family/Friends
- ☐ WIC

List All Family Members that live in the Household

Role in Household	First Name	Last Name	DOB	18 yrs. or Over	Gender	Race	Primary Language
				☐ Yes ☐ No	☐ Female ☐ Male		
				☐ Yes ☐ No	☐ Female ☐ Male		
				☐ Yes ☐ No	☐ Female ☐ Male		
				☐ Yes ☐ No	☐ Female ☐ Male		
				☐ Yes ☐ No	☐ Female ☐ Male		
				☐ Yes ☐ No	☐ Female ☐ Male		
				☐ Yes ☐ No	☐ Female ☐ Male		

Primary Emergency Contact (Other than Parents/Guardian)

First Name: | Last Name: | Phone #:

Certification

I certify that the above information that I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly funded early childhood program.

Parent's Name: (Printed)			
Parent's Signature:		Date:	

This child has been admitted to ☐ BES ☐ CVS ☐ PAES contingent upon submission of the following documents:
☐ Proof of Residency: ___ needed ☐ Birth Certificate ☐ Custody Papers ☐ Other: _____
The parent/guardian will be allowed ___ days to submit the missing documents.

Approved by: | Date:

Additional Comments: