



West Baton Rouge Parish

Head Start PreK

Application 2026-2027

BES CVS PAES

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

Family Data

Family Member with Disability: Yes No Family in the Military: Yes No

| | | |
|---|---|---|
| Family Type in Household: <input type="checkbox"/> Biological Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Other Relative(s) | Parent Type in Household: <input type="checkbox"/> Single Parent (father figure only) <input type="checkbox"/> Single Parent (father figure only) living with partner <input type="checkbox"/> Single Parent (mother figure only) <input type="checkbox"/> Single Parent (mother figure only) living with partner <input type="checkbox"/> Two Parent Family | Parent Status in Household: <input type="checkbox"/> Single Parent, Not Working/Student <input type="checkbox"/> Single Parent, Working/Student <input type="checkbox"/> Two Parents, Both Working or Students <input type="checkbox"/> Two Parents, Neither Working or Students <input type="checkbox"/> Two Parents, One Working/Student |
|---|---|---|

Types of Services or Financial Assistance Received (check all that apply): None

| | |
|---|---|
| <input type="checkbox"/> Child Care Subsidy | <input type="checkbox"/> Child Support/Alimony |
| <input type="checkbox"/> Energy Program Assistance | <input type="checkbox"/> EPSDT |
| <input type="checkbox"/> Foster Care/Adoption Subsidy | <input type="checkbox"/> Medical Financial Assistance (Medicaid/Medicare) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Public Assistance/Welfare (TANF/AFDC) |
| <input type="checkbox"/> Public Housing Assistance | <input type="checkbox"/> SNAP/Food Stamps |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Unemployment Assurance |
| <input type="checkbox"/> WIC | |

Family is Homeless: Yes No

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

How did you hear about Head Start/PreK?

| | |
|---|--|
| <input type="checkbox"/> Outreach/Recruitment | <input type="checkbox"/> Abuse/Neglect |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Disability Program (Part H) |
| <input type="checkbox"/> Foster Child | <input type="checkbox"/> Self-Referral |
| | <input type="checkbox"/> Family/Friends |
| | <input type="checkbox"/> 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 |
|-------------------|------------|-----------|-----|---|--|------|------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Female <input type="checkbox"/> 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: _____