



# Common Enrollment Application



Cameron Parish School System

**Prekindergarten  
2018 – 2019**

Cameron Parish Head Start

◀ Please indicate your Early Childhood Provider Preference ▶

### Child's Information

<b>Last Name</b>		<b>Suffix</b>	<b>First Name</b>		<b>Middle Name</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b> / /		<b>Place of Birth</b>	<b>SSN</b>
<b>Mother's Maiden Name</b>			<b>U.S. ENTRY INFORMATION:</b> Entry Date: _____ Country of Birth: _____		
<b>Race of Child:</b> (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Am / Alaskan <input type="checkbox"/> Hawaiian / Pacific Islander			<b>Home Language Survey Questions:</b> First language learned by student _____ Language other than English used at home _____ Language student uses most often at home _____		

### Family Information

**Parental Status:**  Single  Married  Separated  Divorced  Mother  Father  Teenage Parent

Parent 1 Name: _____	Parent 2 Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Mailing Address: _____	Mailing Address: _____
Relation to Child: _____ DOB: _____	Relation to Child: _____ DOB: _____
Does the student live with this person? ___ Yes ___ No	Does the student live with this person? ___ Yes ___ No
Home # _____ Cell # _____ Work # _____	Home # _____ Cell # _____ Cell # _____
May we text/email you? ___ Yes ___ No	May we text/email you? ___ Yes ___ No
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____

### Other family members or friends we can contact in case we are unable to reach you:

<b>Contact # 1 Name:</b>	Relationship:	Home #
Address:	City:	Work #
_____ Has permission to sign out my child.		Cell #
<b>Contact # 2 Name:</b>	Relationship:	Home #
Address:	City:	Work #
_____ Has permission to sign out my child.		Cell #
<b>Contact # 3 Name:</b>	Relationship:	Home #
Address:	City:	Work #
_____ Has permission to sign out my child.		Cell #

**Parents / Guardian in the Home:**  One Parent  Two Parents  Guardian

**Name of Person having Legal Custody of the Child:** \_\_\_\_\_

**If Guardian:**  
Guardian Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Does the student live with this person? Yes \_\_\_ No \_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
May we text/email you? Yes \_\_\_ No \_\_\_ Email Address: \_\_\_\_\_

**Family Size:** (The family size is to be determined by including all persons living in the household who are supported by the income of the child's parents or guardians and related to the parents or guardians by blood, marriage or adoption.)

**Family Size:** \_\_\_\_\_ (Household size \_\_\_\_\_) Number of Children: \_\_\_\_\_  
0-11 months \_\_\_\_\_ 1 year old: \_\_\_\_\_ 2 year old: \_\_\_\_\_ 3 year old: \_\_\_\_\_ 4 year old: \_\_\_\_\_ 5 or Older: \_\_\_\_\_

**Issues currently affecting you, your child or immediate family members.**

Are you and your family:  Foster Family  Homeless (must meet with Supervisor of Student Services)

Do you Receive?  SSI  FITAP/TANF

Is your child covered by Medical Insurance?  Yes  No Type: \_\_\_\_\_

Is your family covered by Medical Insurance?  Yes  No Type: \_\_\_\_\_

**Medical Issues**

Does child have any known food or medication allergies? If yes, please identify: \_\_\_\_\_

Does child have a diagnosed medical or psychological condition, including congenital birth defects or a physical disability? If yes, please identify: \_\_\_\_\_

Please furnish written documentation from a qualified medical professional for any issues listed above.

Does your child have a current:  IFSP  IAP or  IEP?  No

Other concerns: \_\_\_\_\_

**Emergency Information**

**Family Doctor:** \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Enrollment Documentation Required**

(Check applicable documents provided)

- Child's Birth Certificate
- Child's up-to-date Shot Record
- IEP or Early Steps Documentation
- Diagnosed Medical or Psychological Condition
- Proof of Income to determine Eligibility
- Certified Court Orders of Legal Documentation of Guardianship

**Proof of Residence:**

- Voter Registration Card with Current Address
- Current Property Tax Statement showing Homestead Exemption
- Utility bills showing account holder's name and service address (minimum 2)

**Previous School Information**

**Name of School:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Signature**

I **certify** that all enrollment information provided today: Birth Certificate, Social Security, Immunization Records, Proof of Residence and Discipline History are current and accurate. I further understand that if any of the above information proves to be inaccurate, the child/children may be subject to exclusion from the Cameron Parish School System

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**