

SIU Carbondale Head Start
New Enrollment Interest Form

Date:

Center(s) of Interest:

Child Information:

Last Name:

First Name:

Date of Birth:

Female

Male

Parent(s)/Guardian(s) Name(s):

Address:

City

Zip

Phone:

E-mail:

Previously enrolled in Head Start?

Yes

No

Where?

Previously enrolled in Early Head Start?

Yes

No

Where?

Received Early Intervention services (birth-3)?

Yes

No

Where?

Enrolled/Previously Enrolled in public PreK?

Yes

No

Where?

Referring Agency Information:

Referring Agency:

Contact/Caseworker:

Phone Number:

Child/Family Circumstances:

Foster Child

Family experiencing homelessness

Family receives SSI or TANF

Child has an IFSP/IEP

Other:

General Comments/Notes regarding enrollment: