

# **Columbia-Brazoria ISD PreK Registration Packet**

All CBISD PreK classes are held at  
Wild Peach Elementary 3311  
County Road 353  
Brazoria, TX 77422  
(979) 799-1750

Principal: Mary McCarthy  
Registrar: Heather Richards

email: mary.mccarthy@cbisd.com  
email: heather.richards@cbisd.com

## **PreK Registration Documentation Checklist**

The following documents are required for registration

1. Child's birth certificate
2. Child's social security card
3. Child's current shot record
4. Parent/guardian proof of residency
5. Parent/guardian driver license
6. Income verification for all family members.
7. SNAP/TANF/Medicaid if applicable

➤ Wild Peach Elementary will contact you in August to complete the registration process and to set up online Skyward Family Access.

CBISD PreK is partnered with Brazoria County Head Start. You must go to the Brazoria Head Start, 120 W. Pleasant St Brazoria and complete their registration process as well. Please call 979-798-2391 for more information.

# Wild Peach Elementary PreK Information

## Supplies PreK

- ☐ 1 – large boxes of tissues
- ☐ 1 – headphones (**not earbuds**)
- ☐ 2 – glue sticks
- ☐ 1 – large bottle hand sanitizer
- ☐ 1 – 80 count baby wipes
- ☐ 1 – **TODDLER size** blanket for nap time (*nap mats are provided by the school*)
- ☐ **Girls:** 1 box Gallon zip top bags
- ☐ **Boys:** 1 box Quart zip top bags
- ☐ Backpack (*Full size. No wheels*)
- ☐ 2 Changes of clothes packed in a zip top bag
- ☐ Lunch box (optional)

## Accidents

Accidents of all types happen and we need to be able to change your child into clean clothes. Soiled clothing will be placed in a plastic bag and sent home for you to wash. Please send clean clothes the next day so your child always has a set of clean clothes available.

## Things your child should know/be able to do before coming to PreK

- ✓ Be toilet trained
- ✓ Know how to use toilet paper after a bowel movement
- ✓ Be able to manage their own clothing when using the toilet (*pull pants/underwear up/down, fasten snaps, zip pants, etc*)
- ✓ Be able to put on their shoes
- ✓ Be able to tell someone their first and last name
- ✓ Be able to recognize their first and last name when called

## Meet the Teacher

- Meet the Teacher will be Tuesday, August 14.

## First Day of School

- Parents may walk their child to the front door of the school.
- Parents do not walk children to class.

## Transportation

- Bus service is available for all students attending Wild Peach Elementary
- You **MUST** register for bus service in Skyward Family Access **BEFORE** August 9, 2023 to guarantee bus service on the first day of school.
- Transportation changes must be called into the Wild Peach office before 3:00 PM

## Head Start

- CBISD PreK is partnered with Head Start. You must register your child with Head Start and provide all required documents.

# CBISD Pre-Kindergarten Application

This form does not guarantee admission into the CBISD Pre-Kindergarten Program

STUDENT INFORMATION	
<p>Name: _____</p> <p>Social Security # _____</p> <p>Date of Birth: ____/____/____    ___Male    ___Female</p> <p>City/State/Country of Birth _____</p> <p>Language Child Speaks _____</p>	
PARENT/GUARDIAN INFORMATION	
<p>Name: _____</p> <p>Date of Birth: ____/____/____    ___Male    ___Female</p> <p>Street Address: _____ Apt#: _____</p> <p>City: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p><i>I understand that information submitted on this application will be verified by school officials. If investigation determines that my child does not meet the eligibility guidelines, he/she will be unable to participate in the CBISD Prekindergarten Program. I certify that the information entered on this application is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</i></p> <p>Parent/Guardian Signature: _____</p> <p>Date of Application _____</p>	
<p>Texas Education Code 29.153 lists qualifications of children for prekindergarten programs. A student is eligible for the CBISD Pre-Kindergarten program by meeting one of the criteria outlined below. Please select the criteria for which you would like to qualify your child.</p> <p><input type="checkbox"/> <b>Limited English Proficient</b> The child is unable to speak AND comprehend the English language. <u>Must complete Home Language Survey AND child must qualify on the Oral Language Proficiency Test</u></p> <p><input type="checkbox"/> <b>Educationally Disadvantaged (Family Income)</b> The child is eligible to participate in the National School Lunch program based on family income. <u>Must complete household survey AND provide proof of ALL income – Pay stubs, Pay envelope, letter from employer, unemployment statement, pension or disability payments, etc..(refer to NSLP income chart)</u></p> <p>    Total Household Size _____     Total Monthly Household Income _____ <i>Must include all gross earnings before deductions; and all other sources of income including tips, unemployment compensation, self-employment income, payment from welfare, child support, alimony, pensions, retirement, social security, disability benefits, interest/dividend income, etc.,</i></p> <p><input type="checkbox"/> <b>Educationally Disadvantaged (Family Assistance)</b> The child is eligible to participate in the National School Lunch Program based on family's receipt of assistance for the following:     - Supplemental Nutrition Assistance Program (SNAP)     - Temporary Assistance to Needy Families (TANF) <u>Must provide copy of active certification/benefit letter.</u></p> <p><input type="checkbox"/> <b>Educationally Disadvantaged (ARD)</b> Child meets eligibility requirements based on disability and age =4.</p> <p><input type="checkbox"/> <b>Homeless</b> Child is homeless as defined by [42 USC 11302a &amp; 11304a], McKinney-Vento Act. <u>Must have approved Student Residency Questionnaire.</u></p> <p><input type="checkbox"/> <b>Military Dependent</b> The child is the dependent of a US armed forces active duty member (or member injured, killed or MIA while on active duty). <u>Must provide official military documentation.</u></p> <p><input type="checkbox"/> <b>Foster Care</b> The child is or has ever been in the conservatorship (foster care) of the TX Department of Family Services following an adversary hearing. <u>Must provide verification letter or other DFPS official documentation.</u></p> <p><input type="checkbox"/> <b>Star of Texas Award</b> The child is the dependent of a nominee or recipient of the Star of Texas Award. <u>Must provide verification letter or other official documentation.</u></p>	
Additional forms to be completed: Home Language Survey, Residency Questionnaire, Child Nutrition Application	

## Income Verification Chart

PLEASE NOTE: This process does NOT qualify the student to receive free or reduced lunches. It is simply a process to verify the family's income and have proper documentation on file, as required by TEA. Families **must** apply with the Child Nutrition Department in order to receive free or reduced lunches.

### INCOME ELIGIBILITY GUIDELINES

[Effective from July 1, 2023 to June 30, 2024]

### *Cuadro de verificación de ingresos*

**TENGA EN CUENTA:** Este proceso NO califica al estudiante para recibir almuerzos gratis o reducidos. Es simplemente un proceso para verificar los ingresos de la familia y tener la documentación adecuada en el archivo, como lo requiere la TEA. Las familias deben presentar una solicitud con el Departamento de Nutrición Infantil para recibir almuerzos.

### PAUTAS DE ELEGIBILIDAD DE INGRESOS

[Efectivo desde el 1 de julio de 2023 hasta el 30 de junio de 2024]

Household Size - Total # Living in Home  <i>Tamaño del hogar: número total de personas que viven en el hogar</i>	Total Income (wages, salary, welfare, child support, alimony, pension, Social Security, worker's compensation, unemployment, all other sources of income before any deductions) <i>Ingresos totales (sueldos, salario, asistencia social, manutención infantil, pensión alimenticia, pensión, seguro social, compensación laboral, desempleo, todas las demás fuentes de ingresos antes de las deducciones)</i>									
	May be Eligible for Reduced Price Meals <i>Puede ser elegible para comidas a precio reducido</i>					May be Eligible for Free Meals <i>Puede ser elegible para comidas gratis</i>				
	Annual <i>Anual</i>	Monthly <i>Mensual</i>	2X/Month <i>2 veces/ mes</i>	2-Weeks <i>2 semanas</i>	Weekly <i>Semanal mente</i>	Annual <i>Anual</i>	Monthly <i>Mensual</i>	2X/Month <i>2 veces/ mes</i>	2-Weeks <i>2 semanas</i>	Weekly <i>Semanal mente</i>
1	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3	45,991	3,833	1,917	1,769	885	32,318	2,697	1,347	1,243	622
4	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
+each member	9,509	793	397	366	183	6,682	557	279	257	129

# COLUMBIA-BRAZORIA ISD STUDENT REGISTRATION FORM

<b>Student Information</b>		Campus:	Grade:
Last Name:		SSN:	
First Name:		DOB:	
Middle Name:		Gender:     __M    __F	
<b>Ethnicity –</b> selectonly ONE:	<b>Hispanic/Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		<b>NOT Hispanic/Latino</b>
<b>Race – select ALL</b> thatapply for the student:	<b>American Indian or Alaska Native</b> A person certified as a descendant of the original peoples of North America, or born in Central or South America.	<b>Asian</b> A descendant of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Korea, Philippines, Vietnam, etc.)	<b>Native Hawaiian or Other Pacific Islander</b> A descendant of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<b>Black</b>	<b>White</b>	

Information about the person enrolling the student <i>(required by the state- TEC #25002(F))</i>		
Name:	Relationship to student:	Your date of birth: /       /
Physical Address:		
STREET	CITY	ZIP

**Note:** Non-custodial parent information, if applicable, belongs on the Family #2 form.

At student's MAIN residence, provide:	First Parent / Guardian	Second Parent / Guardian
Last Name		
First Name		
Middle Name		
Relationship to Student		
Physical Address		
City & ZIP		
Cell Phone		
Home Phone		
Email Address		

School Age Siblings Living at the Student's Physical Address				
Name	Date of Birth	Enrolled at CBISD?	Campus	Grade

Parent / Guardian Signature:	Date:
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# COLUMBIA-BRAZORIA ISD FAMILY #2 FORM

This form is intended for use by parents or guardians of CBISD students in circumstances where the student does NOT live with them, but for whom the parent or guardian has full access to the student's educational information. Any court documents restricting access to the student will supersede this form.

Note: It is CRITICAL that you provide the same information for all of your children in CBISD. If you enter a name as James on one form and as Jimmy on another, the system will read that as 2 separate people.

Family/guardian contacts provided in this section should NOT be listed as Emergency Contacts – they will be called automatically. ALL fields are required to be completed with accurate information, ie: relationship to student should indicate if step-child or not.

## FORMULARIO FAMILIA # 2 DE COLUMBIA-BRAZORIA ISD

*Este formulario se destina para uso de los padres o tutores de los estudiantes CBISD en circunstancias en que el estudiante no viven con ellos, pero para las que el padre o tutor tiene pleno acceso a la información educativa delestudiante. Ningún documento judicial restringir el acceso a los estudiantes se reemplaza al de este formulario.*

*Anotación: Es CRITICO que porporcione la misma información para todos sus hijos en nuestro distrito, CBISD.*

*Si especifica un nombre como James en una forma y como Jimmy en otra, nuestro sistema lo leerá como 2 personasseparadas. Nombres anotados de familiares o tutores no deben aparecer como contactos de emergencia. CBISD primero llamará a lo anotado para familia # 1, a continuación familia # 2 y seguirá con sus contactos de emergencia.*

SY OFFICE USE ONLY	for the <b>Female</b> Parent / Guardian Para el Progenitor/Guardian <b>femenino</b>	for the <b>Male</b> Parent / Guardian Para el Progenitor/Guardian <b>masculino</b>
Last Name/ Apellido		
First Name/ Nombre		
Middle Name/Segundo nombre		
Mailing Address/ Dirección Postal		
City & ZIP/ Ciudad y Código Postal		
Physical Address/ Dirección Fisica		
City & ZIP/ Ciudad y Código Postal		
Home Phone/ Teléfono de casa		
Cell Phone/Teléfono móvil		
Email Address/Dirección de correo electronic		
Work Phone/ Teléfono de trabajo		

Student Information / Información del estudiante		
Full Legal Name Nombre legal completo	Female Guardian Relationship/ Relación de Guardian Femenino	Male Guardian Relationship/ Relación de Guardian Masculino

## COLUMBIA-BRAZORIA ISD Student Residency, Foster Care & Military Connected Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C.1143a(2); legislation requiring schools to collect data as to the foster care status of all students; and military dependents (TEC ch. 162). The answers to this residency information help determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d). Local school districts must gather the following information, which will remain confidential. One form per student enrolled is required.

Student Name: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

LAST FIRST MIDDLE

Campus: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### Section A -- Student Living Situation (check all that may apply)

- ☐ Student lives with parent or legal guardian in a home (house or apartment), and does not share home with any others (extended family, friends, etc.)
- ☐ Live in a home of a relative or friend because I lost my housing ("doubled up" due to economic hardship, fire, flood, divorce, domestic violence, parent in the military and was deployed, parent in jail, etc.)
- ☐ Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment/trailer.
- ☐ Live in a hotel/motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
- ☐ Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (moving place to place, temporary living arrangement).
- ☐ Unaccompanied Youth (student is not living in the home of a parent or legal guardian).
- ☐ Child or youth placed by DFPS with temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-parent or Voluntary Caregiver).

### Section B - Foster Care Status (Check all that may apply) \* If not in Foster Care, leave this portion blank

- ☐ Student is currently in the conservatorship (custody) of the Department of Family and Protective Services (a court order names DFPS as the Temporary Managing Conservator or Permanent Managing Conservator)
- ☐ Student is currently in Foster Care and residing in a Foster or Group Home (Foster Parent/Group Home Staff have DFPS Placement Authorization Form 2085)

#### For Pre-Kindergarten Students ONLY:

- ☐ Student has previously been in the conservatorship (custody) of the Department of Family and Protective Services

### Section C - Military Connected Family Information

Please check one box below to indicate if your K - 12th grade child is a dependent of an **Active Duty** member of:

- ☐ Army, Navy, Air Force, Marine Corps, or Coast Guard [including Missing in Action]
- ☐ Texas National Guard
- ☐ Reserve Duty of Army, Navy, Air Force, Marine Corps, or Coast Guard
- ☐ If the K-12 student is a dependent of a **former member** of the US military, Texas National Guard, or US military reserves please check this box.
- ☐ If the K-12 student was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty, please check this box.

#### For Pre-Kindergarten students ONLY:

- ☐ Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who is on active duty or has been injured or killed while on active duty.

### Section D - Parent/Legal Guardian/Caregiver/Unaccompanied Youth

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

LAST FIRST MIDDLE

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's length of time at present address: \_\_\_\_years \_\_\_\_months \_\_\_\_days Number of children enrolled in CBISD: \_\_\_\_\_

Signature of parent / legal guardian / caregiver / unaccompanied youth \_\_\_\_\_ Date \_\_\_\_\_

#### Please send / return to Parent Liaison, then place copy in student folder.

I certify the above-named student \_\_\_\_meets / does not meet \_\_\_\_requirements of the McKinney-Vento Act.

I certify the above-named student \_\_\_\_meets / does not meet \_\_\_\_requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Parent Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_ School Year \_\_\_\_\_

## CBISD Home Language Survey

The state of Texas requires (19TAC Ch. 89, subch. BB §89.1215) that the following information be completed for each student in grades PK-12 who enrolls in a Texas public school for the FIRST time. It is the responsibility of the parent/guardian, not the school, to provide the language information requested by the questions below. This survey shall be kept in each student's permanent record folder.

To determine if your child would benefit from English as a Second Language program services, please answer the two questions below. If either of your responses indicates the use of a language other than English, the school district will conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if an ESL program is appropriate and for instructional and placement recommendations. Once your child is assessed, changes to this HLS are not permitted. If you have questions about the purpose and use of the HLS, or you would like assistance in completing this form, please contact your school or district staff.

### ***Encuesta sobre el idioma en el hogar de CBISD***

*El estado de Texas requiere (19TAC Ch. 89, subch. BB §89.1215) que se complete la siguiente información para cada alumno en los grados EE-12 que se inscriba en una escuela pública de Texas por PRIMERA vez. Es la responsabilidad del padre / tutor, no de la escuela, proporcionar la información del idioma solicitada en las siguientes preguntas. Esta encuesta se mantendrá en la carpeta de registro permanente de cada estudiante.*

*Para determinar si su hijo se beneficiaría de los servicios del programa de Inglés como Segundo Idioma, responda las dos preguntas a continuación. Si alguna de sus respuestas indica el uso de un idioma que no sea el inglés, el distrito escolar realizará una evaluación para determinar qué tan bien se comunica su hijo en inglés. Esta información de evaluación se usará para determinar si un programa de ESL es apropiado y para recomendaciones de instrucción y colocación. Una vez que se evalúa a su hijo, no se permiten cambios a este HLS. Si tiene preguntas sobre el propósito y uso de HLS, o si necesita ayuda para completar este formulario, comuníquese con el personal de su escuela o distrito.*

Student Name(Nombre): \_\_\_\_\_ ID#: \_\_\_\_\_

Address(Dirección): \_\_\_\_\_

Telephone(Teléfono): \_\_\_\_\_ Campus(Escuela): \_\_\_\_\_

**Please indicate only ONE language per response (Por favor indique solo UN idioma por respuesta):**

What language is spoken in the child's home most of the time?.

¿Qué idioma se habla en el hogar del niño la mayor parte del tiempo? \_\_\_\_\_

What language does the child speak most of the time?

¿Qué idioma habla el niño la mayor parte del tiempo? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date(Fecha): \_\_\_\_\_

*Firma del Padre / Tutor*



## PreK Parent Survey

Student first and last name: \_\_\_\_\_

Parent first and last name: \_\_\_\_\_

Parent cell phone number: \_\_\_\_\_

### Please complete the following survey about your child

1. Is your child toilet trained? \_\_\_\_Yes \_\_\_\_No
2. Can your child jump in place with two feet together like a rabbit? \_\_\_\_Yes \_\_\_\_No
3. Can your child throw a ball, without direction? \_\_\_\_Yes \_\_\_\_No
4. Can your child copy a circle or straight line with a crayon or a pencil? \_\_\_\_Yes \_\_\_\_No
5. Can your child match shapes: circle, square, triangle? \_\_\_\_Yes \_\_\_\_No
6. Can your child tell you if there are one or two objects before him/her? \_\_\_\_Yes \_\_\_\_No
7. Can your child follow simple directions such as “put the \_\_\_\_\_ in the box” or “take the \_\_\_\_\_ out of the box”? \_\_\_\_Yes \_\_\_\_No
8. When presented with two similar objects of different sizes, can your child give you the big object or give you the little object? Example: give me the big ball. Give me the little block. \_\_\_\_Yes \_\_\_\_No
9. Can your child give you a specific quantity of an object? Example: Give me one goldfish. Give me two goldfish. \_\_\_\_Yes \_\_\_\_No
10. Does your child use a group of at least 3 words to tell about or ask for something?  
Example: Me hungry now. Mommy go bye-bye. \_\_\_\_Yes \_\_\_\_No

Please add anything specific you would like to say about your child.

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Thank you!



## PRE-APPLICATION 2023-2024

### Parent/Guardian Information

*\*\* By completing the following information, you certify that all information is true and accurate. False information may result in the child being removed from Brazoria County Head Start Early Learning Schools, Inc. \*\**

Parent First Name \_\_\_\_\_ Parent Last Name \_\_\_\_\_

Birthday \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Race \_\_\_\_\_ Hispanic Y/N

English Proficiency Little/Moderate/ None/ Proficient

Other Language \_\_\_\_\_ Other Language Proficiency Little/Moderate/None/Proficient

Highest Grade Completed \_\_\_\_\_ Employment Status \_\_\_\_\_

Child's Relationship: Biological, Adopted, Step/Foster/Grandchild/Other \_\_\_\_\_

Custody Y/N Lives with Family Y/N Provides Financial Support Y/N

### Address

Is your family experiencing homelessness? Y/N

Living Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Mailing Address same as Living Address

### Other Adults

Is there another parent/guardian in the family? Y/N If yes, please list them below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Race \_\_\_\_\_ Hispanic Y/N

English Proficiency Little/Moderate/ None/ Proficient

Other Language \_\_\_\_\_ Other Language Proficiency Little/Moderate/None/Proficient

Highest Grade Completed \_\_\_\_\_ Employment Status \_\_\_\_\_

Child's Relationship: Biological, Adopted, Step/Foster/Grandchild/Other \_\_\_\_\_

Custody Y/N Lives with Family Y/N Provides Financial Support Y/N

**Are there other adults in the household?** Please list them below. Please use additional paper if necessary.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Relationship: Biological, Adopted, Step/Foster/Grandchild/Other \_\_\_\_\_

Lives with Family Y/N Provides Financial Support Y/N

## Family Information

*\*\* Family means all persons living in the same household who are supported by the child's parent(s)' or guardian(s)' income; and are related to the child's parent(s) or guardian(s) by blood, marriage, or adoption; or are the child's authorized caregiver or legally responsible party. \*\**

*\*\*\* By completing the following information, you certify that all information is true and accurate. False information may result in the child being removed from Brazoria County Head Start Early Learning Schools, Inc. \*\*\**

Number of Parents/Guardians. Please circle one: One Parent Household Two Parent Household

Primary Language at Home \_\_\_\_\_

Number in Household \_\_\_\_\_

Gross Annual Income \_\_\_\_\_

- Is your family receiving cash benefits or other services under the Temporary Assistance for Needy Families (TANF) program? Please circle. Y/N
- Is your family receiving Supplemental Security Income (SSI)? Please circle. Y/N
- Is your family receiving services from WIC? Please circle. Y/N
- Is your family receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps? Please circle. Y/N
- Is at least one parent/guardian an active duty member of the United States military? Please circle. Y/N
- Is at least one parent/guardian a veteran of the United States military? Please circle. Y/N

## Emergency Contacts

Name	Relationship	May we contact this person if we are unable to reach you?	May we release your child to this person?	Address	Phone M- Mobile H – Home W- Work

## Child (Applicant)

**\*\* By completing the following information, you certify that all information is true and accurate. False information may result in the child being removed from Brazoria County Head Start Early Learning Schools, Inc. \*\***

Child's First Name \_\_\_\_\_

Child's Middle Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Birthday \_\_\_\_\_ Gender \_\_\_\_\_

Race \_\_\_\_\_ Hispanic Y/N

English Proficiency Little/Moderate/ None/ Proficient

Other Language \_\_\_\_\_ Other Language Proficiency Little/Moderate/None/Proficient

Primary Health Coverage \_\_\_\_\_

Other Coverage \_\_\_\_\_

Medicaid Number \_\_\_\_\_

Doctor/Medical Home \_\_\_\_\_

Dental Coverage \_\_\_\_\_

Dentist/Dental Home \_\_\_\_\_

Does your child have a disability or do you have any concerns about your child's development? Please circle one Y/N

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

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## Location Preferences

Which program are you applying for? Please circle one.

Early Head Start – Infant and Toddlers

Head Start – Preschool Ages 3-5

## Siblings

*\*\*By completing the following information, you certify that all information is true and accurate. False information may result in the child being removed from Brazoria County Head Start Early Learning Schools, Inc. \*\**

Are there other children in the family? If so please complete.

First Name	Last Name	Birthday	Gender

*By completing **ALL OF THE ABOVE** information, you certify that all information is true and accurate. False information may result in the child being removed from Brazoria County Head Start Early Learning Schools, Inc.*

*Thank you for completing the Pre-Enrollment application. A member of our staff will be contacting you within 5 working days. Please be ready to provide proof of income, which includes Form 1040 from the IRS, BCHS ERSEA forms (if applicable), SSI, Unemployment Benefits, Foster Placement letter OR one month's worth of paystubs for each parent/guardian in the home. Birth Certificate, Immunization records, Medicaid or Insurance Card, IEP or IFSP (if applicable) for the applying child. Any court ordered paperwork. If you have any questions, please direct them to the campus. Angleton: 979-849-9261, Brazoria: 979-798-2391, Lake Jackson: 979-297-8018.*

*\*\*Please note: Only the custodial parent is able to complete enrollment paperwork for the child. Enrollment times are by appointment. We ask only one person from the household attend this appointment as to practice safe social distancing. Parents will be subject to having their temperature taken before entering any BCHS building. Please wear a mask before entering the building, if you do not have a mask, one will be provided to you.\*\**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_