



33 Fulton Street  
Montclair, NJ 07042  
Office (973) 783-0220  
Fax (973) 783-3040  
mcdcnj.org

Ronald Murphy  
Chairperson  
Tanya L. Poteat  
Executive Director

# Pre-Registration Form for Head Start & Early Head Start

Application Date \_\_\_\_\_ Program (check one): Head Start  Early Head Start   
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Things to Bring with You for Registration

1. Proof of Income: W2 Forms, Tax Return, TANF / SSI Print Out, Unemployment Award letter
2. Your Child's Immunization Record
3. Current Proof of Residency (3): Phone bill, Cable bill, PSE&G bill, Lease, Notarized Letter from Landlord (*originals only*)
4. Your Child's Birth Certificate
5. Your Child's Social Security Card
6. Medicaid Card & HMO Card or Insurance Card

### Head Start & Early Head Start

#### Child's Information

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_  
Female \_\_\_\_\_ Male \_\_\_\_\_ Child's Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

#### Ethnicity

Hispanic or Latino origin \_\_\_\_\_ Non-Hispanic or Non-Latino origin \_\_\_\_\_

#### Race

American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Bi-racial / Multi-racial \_\_\_\_\_  
Other \_\_\_\_\_ Explain \_\_\_\_\_

#### Primary Language of Family at Home

English \_\_\_\_\_ Spanish \_\_\_\_\_ Native Central American, South \_\_\_\_\_  
American and Mexican Languages \_\_\_\_\_ Middle Eastern & South Asian Languages \_\_\_\_\_  
East Asian Languages \_\_\_\_\_ Pacific Island Languages \_\_\_\_\_ European & Slavic Languages \_\_\_\_\_  
African Languages \_\_\_\_\_ Other \_\_\_\_\_

## Family Information

### Marital Status of Parent (s)

Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Widowed \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_

### Mother's / Guardian's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Are you an Expectant Mother? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

### Ethnicity

Hispanic or Latino origin \_\_\_\_\_ Non-Hispanic or Non-Latino origin \_\_\_\_\_

### Race

American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Bi-racial / Multi-racial \_\_\_\_\_  
Other \_\_\_\_\_ Explain \_\_\_\_\_

### Father's / Guardian's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

### Ethnicity

Hispanic or Latino origin \_\_\_\_\_ Non-Hispanic or Non-Latino origin \_\_\_\_\_

### Race

American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_  
Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Bi-racial / Multi-racial \_\_\_\_\_  
Other \_\_\_\_\_ Explain \_\_\_\_\_

### Head of Household

Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_ (Relationship) \_\_\_\_\_  
Do you currently have a child / children in the program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Total No. of Adults Residing In Household \_\_\_\_\_ No. of Children \_\_\_\_\_

### Siblings Living in the Home

Name _____	Male _____	Female _____	Age _____	D.O.B _____
Name _____	Male _____	Female _____	Age _____	D.O.B _____
Name _____	Male _____	Female _____	Age _____	D.O.B _____

**Related Residents Residing in Home Over the Age of 18**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Relationship with Child \_\_\_\_\_  
Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Relationship with Child \_\_\_\_\_  
Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Relationship with Child \_\_\_\_\_

**Is There Anyone in the Home, Including the Child, with Disabilities?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Has your child received speech, occupational, or physical therapy, within the last 12 months? \_\_\_\_\_  
If yes approximately, When? \_\_\_\_\_  
Name of person receiving services \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Where? \_\_\_\_\_  
What type of testing? \_\_\_\_\_

**If parent cannot be reached, please contact the following person who has agreed to accept the responsibility of my child in case of an emergency**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Relationship to child: Relative \_\_\_\_\_ Friend \_\_\_\_\_ Neighbor \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**Escort Arrangement**

(Person responsible for taking child to and from school, 16 years of age and over)

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

**Relationship to child**

Relative \_\_\_\_\_ Friend \_\_\_\_\_ Neighbor \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

---

**Statement**

I have completed the Pre- Registration Form accurately and truthfully with full knowledge that Head Start / Early Head Start is an anti-poverty program. I believe our family income and / or the needs of my child make us eligible for the program under guidelines of the U.S. Department of Health and Human Services Office of Administration Children and Family.

---

Signature of Parent/Guardian \_\_\_\_\_ Registration Date \_\_\_\_\_

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.*