



**BRAZORIA COUNTY HEAD START
EARLY LEARNING SCHOOLS INC.**
651 West Miller Street Angleton Texas 77515
(979)849-1881



REGISTER NOW for EARLY HEAD START

The Brazoria County Head Start Early Learning Schools Inc. , is a Federally Funded Child Development Program for children of low-income families ages zero through public school age and pregnant Teens. Any Pregnant Teen or child age 0 through 5 with a disability or homeless may also qualify. Services are free of charge and all enrollees will be on scholarship.

ENROLLMENT LOCATIONS

Angleton Head Start School, 651 West Miller 979-849-9261 Lake Jackson Head Start School, 303 Garland Dr. 979-297-8018
Brazoria Head Start School, 120 West Pleasant St. 979-798-2391 Pearland Head Start School, 2920 Oak Road 281-412-3710
Freeport Head Start School, 1216 West 9th Street 979-233-5673

Who May Apply for Early Head Start

- **Pregnant Teens**
- **Infants and Toddlers (0-3)**
- **Postpartum Teens**
- **Children with Disabilities**

Information Needed:

- Child's birth certificate
- Up-to-date shot record
- Up-to-date Physical Exam
- Up-to-Date Dental Exam (if applicable)
- If you are pregnant bring proof of your pre-natal Exam and your anticipated due date.
- Proof of income of the parent's or guardian of the child enrolling
- Proof of school enrollment if you are in High School (i.e. ID card, class schedule)
- Food Stamp Verification letter (if applicable)
- Medicaid card or Insurance Card (if applicable)
- Disability documentation (if applicable)



Mission Statement

Brazoria County Head Start Early Learning Schools Inc. , is a comprehensive birth-to-five Early Childhood Program, exists to provide case management and school readiness for families and children to foster family self-sufficiency and family stability while simultaneously ensuring social, emotional, cognitive, physical and moral mastery for each child.

EHS/CDC
Revised 5/2015



Brazoria County Head Start Early Head Start Pre-Enrollment Application

- Pregnant Teen
 Infant or Toddler

Date: _____ Center: _____

Name of Child or Expectant Mother: _____ Date of Birth: _____
(name of the person to receive Early Head Start services)

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Has your Child ever attended an Early Head Start Program: Yes No

If you are pregnant, when is your baby due? _____ If in school, what grade? _____

Status: High School Student: _____ Employed: _____ In College/Training: _____ Other (specify): _____

School and/or Employment – Mother: _____ City: _____ Phone #: _____

School and/or Employment – Father: _____ City: _____ Phone #: _____

Race:	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Biracial/Multi-Racial	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> American Indian /Alaskan Native	<input type="checkbox"/> Other (Explain)			
Ethnicity:	<input type="checkbox"/> Hispanic or Latino Origin				
	<input type="checkbox"/> Non-Hispanic or Non-Latino Origin				

Primary language(s) spoken at home: _____ Language child speaks most: _____

Family Type:

- | | |
|--|--|
| <input type="checkbox"/> Single Parent Family (Mother figure only) | <input type="checkbox"/> Single Parent Family (Father figure only) |
| <input type="checkbox"/> Single Parent Family (Mother figure only) Living with Partner | <input type="checkbox"/> Single Parent Family (Father figure only) Living with Partner |
| <input type="checkbox"/> Two Parent Family | <input type="checkbox"/> Foster Family |
| | <input type="checkbox"/> Grandparents as Parents |

Marital Status: Married Single Separated Divorced Widow Other

Members living in household: (use back if needed)

Name (First Name, Last Name)	Sex	Age	Date of Birth
Total number in household _____	With whom do you reside? _____		

Identification of Homeless Families:

Is your current address a temporary living arrangement? Yes No

Please check current temporary housing arrangement:

- | | | | |
|---|----------------------------------|--|--|
| <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Shelter | <input type="checkbox"/> With more than one Family in a House or Apartment | <input type="checkbox"/> Moving place to place |
| <input type="checkbox"/> In a place not designated for ordinary sleep accommodations such as a Car, Park, or Campsite | | <input type="checkbox"/> Other (explain) | |

Special Needs:

Has ECI or any other agency diagnosed your child with a disability? Yes No

If YES, attached a copy of the IFSP or IEP paperwork and explain:

Do you suspect your child has some type of disability?

Example: Difficulty saying words; difficulty hearing, walking, or learning; slow development skills: Yes No

What else do we need to know to help you qualify for our program? _____

*Parent(s) or Guardian(s), the completion of this application does not mean that your child is being enrolled in the Early Head Start Program. You will be contacted by mail or phone for the next step in the pre-enrollment process. If information is found to be falsified you may be dropped from the program.

Certification: I have carefully reviewed this Pre-Enrollment Application, by signing this form, I certify to the best of my knowledge that all Information provided by me is true and accurate.

Parent / Guardian Signature

Date

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