



Urban League  
Early Head Start

611 N. Rampart New Orleans, LA 70112  
PH (504) 525-2911 FX (504) 525-2925

# RECRUITMENT FORM

Thank you for your interest in the Urban League's Early Head Start Program. Please keep in mind that submitting this application does not mean your child has been automatically accepted into our program. The return of this application gives us the information we need to contact you about specific details (income, disabilities, classroom placement, etc.) and allows us to hopefully begin the enrollment process. You will be contacted shortly after we receive this application. If you have any questions about Early Head Start or the application, please call us at (504) 525-2911 and we will be glad to answer any questions.

Date: \_\_\_\_\_

## Applicant/Child Information

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Medicaid #: \_\_\_\_\_

Has the Family been serviced through Head Start before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Child have a disability or special need? (Specify)  
*If yes, please complete the Head Start Disability Verification Form.* \_\_\_\_\_

**Family Information (Parent or Legal Guardian)** *If someone other than the parent enrolls the child, documentation indicating that the person is the child's legal guardian must be presented at intake. A copy of the documentation must be included in the child's folder.*

Person Completing Application: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Company: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Please list other persons living with you that you support financially. *(Use additional sheet if more space is needed.)*

NAMES OF MEMBERS	DATE OF BIRTH	SSN#	AGE	RELATIONSHIP TO CHILD	OCCUPATION (STUDENT/SCHOOL)	DISABILITY; SPECIFY