

# Head Start Program Application

Terrebonne Parish Consolidated Government



Head Start is a federally funded comprehensive preschool program for children ages 3 to 5 from low-income families. The Terrebonne Parish Head Start Program does not discriminate based on race, ethnicity, national origin, sex, or disabilities.

## **ELIGIBILITY REQUIREMENTS/INFORMATION:**

- In order to qualify for the 2026-2027 school session, a child must be **three or four years old by September 30, 2026.**
- Parents/guardians must arrange transportation.
- Applications must be completed by **parent/guardian ONLY.**
- Children do not have to be potty trained for acceptance in Head Start.
- Parents or children with several or multiple disabilities are encouraged to apply.
- There is no fee charged for Head Start services.

## **DOCUMENTS NEEDED TO APPLY:**

- ☐ Child's birth certificate
- ☐ Child's Social Security card
- ☐ Child's immunization records
- ☐ Child's Medicaid/insurance card
- ☐ Child's evaluation/Individual Education Plan (if your child receives speech therapy, physical therapy, and/or occupational therapy)
- ☐ Parent/guardian's driver's license/ID
- ☐ Proof of residency (utility bill, lease agreement)
- ☐ Verification of income

## **PLEASE SEE BELOW FOR A LIST OF DOCUMENTS AND ACCEPTABLE FORMS OF INCOME:**

- If you are employed, you must provide two current check stubs.
- If you receive food stamps, you must provide a food stamp printout sheet dated within the last 30 days.
- If you receive child support, SSI, or unemployment compensation, you must provide proof that you receive these.

## **SEND COMPLETED/SIGNED APPLICATION AND COPIES OF THE DOCUMENTS LISTED ABOVE TO:**

Terrebonne Parish Head Start  
4800 HWY 311  
Houma, LA 70360  
Attn: Araminta (Mrs. Sue) Rainey  
(ahayes@tpcg.org)

## **IS THE CHILD CURRENTLY RECEIVING ANY OF THESE SERVICES? (select all that apply)**

- ☐ Private therapy (speech, physical, or occupational therapy)
- ☐ Home-based services through the Terrebonne Parish School System
- ☐ Private day care
- ☐ Early steps

## **WHERE DID YOU HEAR ABOUT THE HEAD START PROGRAM? (select all that apply)**

- ☐ Newspaper
- ☐ Relative/friend
- ☐ Other: \_\_\_\_\_
- ☐ Flyer
- ☐ School system

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE WITH THE APPLICATION PROCESS,  
PLEASE CALL (985) 219-2918.**

# Head Start Program Application

Terrebonne Parish Consolidated Government



All sections must be completed for this application to be processed. This application must be completed, signed, and dated by the **PARENT or LEGAL GUARDIAN ONLY**. Note: Fields outlined in red are *required* and must be filled out.

CHILD'S INFORMATION			
Name Last	Suffix	First	Middle Initial
Street Address (where child lives)	City	State	Zip Code
Social Security Number	Date of Birth (MM/DD/YYYY)		
Email Address	Phone Number(s)		

CHILD'S ALTERNATE INFORMATION			
Mailing Address (If different from living address)	City	State	Zip Code
Alternate Phone Number(s)	Alternate Email Address		

CHILD'S DEMOGRAPHIC INFORMATION	
Child's Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child's Race:	<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____
Child's Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Primary Language Spoken by Child:	
Primary Language Spoken in the Home:	

HOUSEHOLD INFORMATION	
Family Type (check only one):	
<input type="checkbox"/> Married	<input type="checkbox"/> Teen parent
<input type="checkbox"/> Single (mother only)	<input type="checkbox"/> Grandparents – custodial (must provide documentation)
<input type="checkbox"/> Single (father only)	<input type="checkbox"/> Other relatives – custodial (must provide documentation)
<input type="checkbox"/> Foster parent (must provide documentation)	

# Head Start Program Application

Terrebonne Parish Consolidated Government



## HOUSEHOLD INFORMATION continued

**You must list all household members that are supported by the income of the parent or legal guardian, their date of birth, and relationship to the child you are applying for, including yourself.**

First and last name	Date of birth	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

## MOTHER/GUARDIAN'S INFORMATION

<b>Name Last</b>	<b>Suffix</b>	<b>First</b>	<b>Middle Initial</b>
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Phone Number</b>	<b>Social Security Number</b>	
<b>Level of Education:</b> (check one) <input type="checkbox"/> Received high school diploma/GED or <input type="checkbox"/> Last grade completed _____ <input type="checkbox"/> Some college <input type="checkbox"/> College graduate (degree _____) <input type="checkbox"/> Currently enrolled in high school/technical training school/college			
<b>Currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Where?</b>	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time		<b>Work Phone Number</b>	
<b>Paid</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly			

## FATHER/GUARDIAN'S INFORMATION

<b>Name Last</b>	<b>Suffix</b>	<b>First</b>	<b>Middle Initial</b>
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Phone Number</b>	<b>Social Security Number</b>	
<b>Level of Education:</b> (check one) <input type="checkbox"/> Received high school diploma/GED or <input type="checkbox"/> Last grade completed _____ <input type="checkbox"/> Some college <input type="checkbox"/> College graduate (degree _____) <input type="checkbox"/> Currently enrolled in high school/technical training school/college			
<b>Currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Where?</b>	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time		<b>Work Phone Number</b>	
<b>Paid</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly			

# Head Start Program Application

Terrebonne Parish Consolidated Government



QUESTIONNAIRE	
Does your child receive Medicaid/La Chip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive WIC benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive FITAP/TANF (Welfare)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive S.S.I.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive unemployment comp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an active military parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently living in a FEMA/state camper?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation to bring your child to and from Head Start?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Head Start does not provide transportation.)
At what school will your child attend Pre-K/kindergarten?	
Have you ever had a child in Head Start before?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give your child's name, where, and year of enrollment.
Does the child you are applying for have a diagnosed disability or a condition that may lead to a disability?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe and attach I.E.P. from School Board.
Is your child on a special diet or take medication(s) prescribed by a physician?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list details.

PLEASE IDENTIFY ANY ASSISTANCE/RESOURCES YOUR FAMILY MAY NEED (check all that apply).		
<input type="checkbox"/> Housing	<input type="checkbox"/> Food stamps	<input type="checkbox"/> Medicaid/LACHIP/health Insurance
<input type="checkbox"/> Transportation	<input type="checkbox"/> Family counseling	<input type="checkbox"/> GED/continuing education
<input type="checkbox"/> Utility assistance	<input type="checkbox"/> Employment	<input type="checkbox"/> Legal aid
<input type="checkbox"/> Mental health	<input type="checkbox"/> SSI	<input type="checkbox"/> Other _____

**IS THERE ANYTHING ELSE YOU WOULD LIKE FOR US TO KNOW ABOUT YOUR CHILD OR FAMILY (E.G., HOMELESS, DISPLACED BY NATURAL DISASTER, LOSS OF INCOME, TERMINALLY ILL FAMILY MEMBER, ETC.?)**

CERTIFICATION STATEMENT	
I certify that all information I have provided on and with this application, including income, is accurate.	
SIGNATURE	
Parent/Guardian Signature	Date Signed
TPCG Head Start Staff Representative	Date Signed