



NEIGHBORHOOD HOUSE ASSOCIATION



Program Type: Early Head Start Head Start

Program Option: Home-Based Full Day Part Day (AM PM)

New Returnee

Child's Full Legal Name

Date of Birth

FID#

PID#

Initial Date of Attendance in Program (EHS or HS): _____

Date of PROMIS Status Start Date PY 55: _____

1st Day of Attendance (DOA) PY 55: _____

1st Home Visit PY 55 (HB option only): _____

(A) Parent/Guardian Name: _____

**See Emergency Contact Information form for address, phone number, and email*

Primary Language: _____

Does the enrolled child live with Parent/Guardian (A)? Yes No

Court Order on File (i.e. Custody, Restraining orders, Guardianship)

(B) Parent/Guardian Name: _____

**See Emergency Contact Information form for address, phone number, and email*

Primary Language: _____

Does the enrolled child live with Parent/Guardian (B)? Yes No

Court Order on File (i.e. Custody, Restraining orders, Guardianship)

**Due dates based on
child's first DOA**

30	____/____/____
45	____/____/____
60	____/____/____
90	____/____/____