



**GRANBURY ISD/HEAD APPLICATION**  
 The 3-year old Head Start Program will be offered at  
 Emma Roberson Early Learning Academy.  
 1500 Misty Meadows  
 Granbury, Texas 76048



**Child's Information**

Name \_\_\_\_\_ Sex: **M/F** DOB \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Race/Ethnicity (please circle) Black/Not Hispanic, White/Not Hispanic, Hispanic Origin, Native American/Alaskan, Asian/Pacific, Other \_\_\_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ E-mail address \_\_\_\_\_  
Street Town Zip Code  
 Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
(please circle) cell or home (please circle) cell or work  
 Race/Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Educational Level (please circle) 9-12/non graduate, high school grad/GED, some college, Bachelor's degree, Master's degree  
 Monthly Income \$ \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
 Source of Income: (please circle) **Wages, TANF, SS, V.A. Benefits, Child Support, Military Benefits, Unemployment**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ E-mail address \_\_\_\_\_  
Street Town Zip Code  
 Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
(please circle) cell or home (please circle) cell or work  
 Race/Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Educational Level (please circle) 9-12/non graduate, high school grad/GED, some college, Bachelor's degree, Master's degree  
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 Source of Income: (please circle) **Wages, TANF, SS, V.A. Benefits, Child Support, Military Benefits, Unemployment**

Are you homeless? **Yes/No**

Family Type (please circle) Single Parent/Female, Single Parent/Male, Two-Parent Household, Foster Family

**Additional Information**

Please list all members of your household that you are financially responsible for:

Name	M/F	DOB	Name	M/F	DOB
_____			_____		
_____			_____		
_____			_____		

Please check any areas of concerns for your child:

	Parental Concern	Receiving Services		Parental Concern	Receiving Services
Speech/Language	_____	_____	Dental	_____	_____
Social/Emotional	_____	_____	Health/Vision/Hearing	_____	_____
Nutrition	_____	_____			

Does your child have an IEP? **Yes/No**

Parent/Guardian Signature(s) \_\_\_\_\_

Date of Application: \_\_\_\_\_

Upbring Staff Completing Form: \_\_\_\_\_