

EAST ORANGE CHILD DEVELOPMENT CORPORATION  
P.O. BOX 890 - EAST ORANGE, NEW JERSEY 07019

**PRE-REGISTRATION APPLICATION**

DATE RECEIVED: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

If Pregnant we need: DUE DATE \_\_\_\_\_ How many months are you \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ E-mail \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(You must be an East Orange Resident)

HOME PHONE \_\_\_\_\_ JOB/SCHOOL #: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

NUMBER IN FAMILY: \_\_\_\_\_ ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_

**GROSS INCOME:** \_\_\_\_\_ **MONTHLY INCOME:** \_\_\_\_\_

Week or Bi-weekly

ARE YOU:  WORKING  IN-TRAINING/SCHOOL  FULL TIME  PART TIME  OTHER \_\_\_\_\_

Are you and the family homeless or looking for a shelter?  Are you currently a teen mom?

Does your child receive Early Intervention Services?  Is your child a foster child?

ARE YOU RECEIVING PROGRAMS FOR PARENTS (PFP) \_\_\_\_\_

DO YOU READ/WRITE IN ENGLISH? \_\_\_\_\_

WHAT IS YOUR HOME LANGUAGE?  
ENGLISH  SPANISH  CREOLE  OTHER \_\_\_\_\_

HIGHEST GRADE LEVEL COMPLETED \_\_\_\_\_

**NOTE: ALL CHILDREN WHO ARE ELIGIBLE FOR HEAD START MUST BE THREE (3) YEARS OLD BY OCTOBER 1<sup>ST</sup> OR FOUR (4) YEARS OLD BY OCTOBER 1<sup>ST</sup>.**  
**ALL CHILDREN WHO WILL BE 5 YEARS OLD AFTER OCTOBER 1<sup>ST</sup> ARE ELIGIBLE FOR HEAD START.**

**OFFICIAL USE ONLY**

PERSON RECEIVING INFORMATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STAFF: \_\_\_\_\_ PARENT: \_\_\_\_\_ COMMUNITY REP.: \_\_\_\_\_ (please check one)

COMMENTS: \_\_\_\_\_