



TEXAS TECH UNIVERSITY
College of Human Sciences

Center for Early Head Start™

3315 East Broadway ▪ Lubbock, TX 79403 ▪ (806) 765-2737 ▪ www.depts.ttu.edu/earlyheadstart

TTU CEHS Enrollment – CHILD APPLICATION

Please bring the following documents when turning in your application:

☐ **Birth Certificate** – hospital birth certificate, birth facts, or Health Department birth certificate.

☐ **Address verification** – utility bill or lease/rental agreement.

Cell phone or cable bills will NOT be accepted as proof of residency. *If you are currently living with someone else, a signed statement from the home/lease owner, with a copy of the utility bill in their name, is required.*

☐ **Income information** – **ONE** of the following for the past year (not required if you are homeless or the child is in foster care)

- a. pay stubs – previous 12 months
- b. income tax return
- c. W-2 Form
- d. Written statement from employer
- e. Written, signed statement of self-employment or unemployment

☐ **Health insurance** – Medicaid, CHIP, or private insurance card for pregnant mom

Other documents, please turn in if applicable:

☐ **School verification** – if enrolled in any school, please provide a school schedule

☐ **Military ID card** – if applicable

☐ **CCS Documentation** - if applicable (acceptance or denial letter)

☐ **Proof of Temporary Guardianship** - if applicable

Incomplete applications will not be accepted. If you are pregnant, please fill out a [PREGNANT APPLICATION](#).

An in-person or phone interview was conducted with this applicant. All documents were submitted as applicable.

CEHS Staff signature _____ Date _____

Child Information

Child's Name _____
First MI Last

Social Security # _____ **Date of Birth** _____ **Gender** ☐ M ☐ F
(Optional)

Child lives with: ☐ Biological parent(s) ☐ Grandparent(s) or other relative(s)
☐ Adoptive parent(s) ☐ Foster parent(s)
☐ Legal guardian(s)

Race, Ethnicity & Language

Race: ☐ American Indian / Alaskan Native ☐ Native Hawaiian / Pacific Islander ☐ White
☐ Asian ☐ Black or African American
☐ Bi-racial / Multi-racial ☐ Other, please specify _____

Hispanic Ethnicity ☐ Yes ☐ No

Primary language ☐ English ☐ Spanish ☐ Other, specify _____

Second language ☐ Yes ☐ No ☐ If yes, specify _____

Please indicate a second language if you/your family plan to teach your child more than one language.

Health and Family Services

Is your child currently enrolled in Early Childhood Intervention (ECI) or another therapeutic program?

☐ Yes ☐ No If yes, who is your child's caseworker(s)? _____

Do you have any concerns about your child's health / development? ☐ Yes ☐ No

If yes, what are your concerns? _____

Does your child have health insurance? ☐ Medicaid ☐ CHIP
☐ Private insurance ☐ No insurance at this time

Child's doctor or clinic _____ Child's dentist _____

Is your family currently experiencing any of the following:

☐ domestic abuse or WPS ☐ incarceration of a parent
☐ mental/emotional health needs ☐ terminal illness of a parent
☐ substance abuse ☐ recent death of a parent
☐ Children's Protective Services ☐ other _____

Does your family receive the following:

WIC ☐ Yes ☐ No

SNAP ☐ Yes ☐ No

Does your family receive assistance from Child Care Services (CCS)? ☐ Yes ☐ No

Is your family currently on the CCS waiting list? ☐ Yes ☐ No

Have you ever applied for assistance from CCS but were denied? ☐ Yes ☐ No

Parent / Guardian Information

Parent's Name _____
First MI Last

Address _____ City _____ Zip _____

Birthdate _____ Social Security # (optional) _____

Telephone Numbers Cell _____ Work _____ Other _____

Email address _____

Relationship to child applying to TTU Center for Early Head Start _____

Are you currently pregnant? _____ Yes _____ No _____ High Risk pregnancy _____ NA

Are you active or retired military? _____ Yes _____ No

Employment and Education

Employment ☐ full-time ☐ part-time ☐ not working (unemployed, retired, disabled)

Attending school ☐ full-time ☐ part-time

Number of hours each week spent working and/or in school _____

Education Level ☐ High school diploma ☐ GED ☐ highest grade completed _____

☐ Associate degree ☐ some college / advanced training

☐ Bachelor's degree ☐ Master's degree

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☐ Asian ☐ Black or African American
☐ Bi-racial / Multi-racial ☐ Other, please specify _____

Hispanic Ethnicity ☐ Yes ☐ No

Primary language ☐ English ☐ Spanish ☐ Other, specify _____

Other children living in the home

Name _____ Date of Birth _____ Gender M ☐ F ☐

Name _____ Date of Birth _____ Gender M ☐ F ☐

Name _____ Date of Birth _____ Gender M ☐ F ☐

Name _____ Date of Birth _____ Gender M ☐ F ☐

Other Parent / Guardian Information

Parent's Name _____
First MI Last

Address _____ City _____ Zip _____

Birthdate _____ Social Security # (optional) _____

Telephone Numbers Cell _____ Work _____ Other _____

Email address _____

Relationship to child applying to TTU Center for Early Head Start _____

Employment and Education

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Hispanic Ethnicity ☐ Yes ☐ No

Primary language ☐ English ☐ Spanish ☐ Other, specify _____

Second language ☐ Yes ☐ No ☐ If yes, specify _____

Alternate Contact Information

Name _____ Phone number _____

Name _____ Phone number _____

I certify that this information is true to the best of my knowledge. I understand that if any part of this information is willfully misrepresented, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that this information will be held in strict confidence and is accessible to me during normal business hours. I understand that once my child is selected to receive EHS services, they will remain eligible until their third birthday.

Signature _____ Date _____

I request paperwork be made available to me in the following language (other than English) Language _____

I request a translator be made available to me during enrollment meeting Language _____



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Thank you for applying for TTU Center for Early Head Start. Once the completed application and all relevant documents are turned in, your child will be placed on the waiting list. Spots are filled immediately, based on the age that is needed in the program, as well as based on the need of the family. Your child may be selected for one of the following three program options:

CEHS Home Based program

- Weekly home visitation program with family and child that last one and a half hours each
- Weekly socialization opportunities offered at the CEHS center
- Can enroll pregnant women into this program option
- Eligible to transfer to a center-based classroom when spots are available

CEHS Center Based program

- High-quality childcare provided Monday through Friday from 7:30 am to 2:30 pm
- Located at 3315 East Broadway

EHS Child Care Partner program

- High-quality childcare provided Monday through Friday 6:30 am to 6:00 pm (up to 10 hours a day only)
- Located at Lil' Precious Steps, 918 Zenith Ave
- Partner program is designed for working families who are eligible for Child Care Services subsidy; must have CCS authorization or be willing to apply for services
- Infant room for ages 6 weeks through 18 months (*after 18 months, children are eligible to transfer to the TTU CEHS at 3315 E Broadway location*)

Please update your address or phone number if they change.

Texas Tech University Center for Early Head Start
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Lubbock, TX 79403

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