

E-1 E-2 E-3 E-5 E-6 E-7 E-8 GS-1 GS-2 GS-3 GS-4 GS-5 GS-6						COMMAND SPONSORED ()	
						NON-COMMAND SPONSORED ()	
CHILD'S NAME			DATE OF BIRTH	CHILD'S SSN		CHILD'S BIRTH WEIGHT	
SPONSOR'S NAME			SSN		MAILING ADDRESS		
UNIT	UNIT PHONE #		HOME ADDRESS, (INCLUDE BLDG & APT #)				
SPOUSE'S NAME			HOME PHONE	ARE YOU A SINGLE PARENT?	HAS THE SPONSOR BEEN/OR IS HE/SHE EXPECTED TO BE ON A CONSECUTIVE 90-DAY DEPLOYMENT?		
FAMILY HISTORY – PRIMARY LANGUAGE OF: Mother Father Child			SPONSOR'S YEARS OF EDUCATION (CIRCLE ONE) 7 8 9 10 11 12 AA BS OTHER			SPONSOR'S AGE WHEN FIRST CHILD WAS BORN	
FAMILY HISTORY – PRIMARY LANGUAGE SPOKEN IN THE HOME			SPOUSE'S YEARS OF EDUCATION (CIRCLE ONE) 7 8 9 10 11 12 AA BS OTHER			SPOUSE'S AGE WHEN FIRST CHILD WAS BORN	
NUMBER OF CHILDREN IN THE HOME			BROTHER (S)	SISTER (S)	AGES OF OTHER CHILDREN IN THE HOME		
IS THE CHILD APPLICANT OR SIBLING (S) ENROLLED IN THE EDUCATIONAL DELIVERY INTERVENTION SERVICES: (EDIS)/EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)? YES NO (If yes, please explain the enrollment.)							
HAS THE CHILD APPLICANT OR ANY OF THE SIBLINGS RECEIVED SPECIAL SERVICES? (i.e. Special Education, Early Intervention, Speech/Language, Developmental Delays, etc) YES NO (If yes, please specify)							
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?							
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct. (Please attach a copy of your orders and the child's birth certificate to this application)							
_____				_____			
(Date)				(Signature)			