



EAST MISSOURI ACTION AGENCY, Inc.
Head Start
CHANGE OF STATUS

Computer Use Only
Date Edited ___/___/___
Edited by (initials) _____

(Print Clearly)
Center Name _____ Class _____

Child's Name _____

Parent/Guardian _____

CHANGE ENROLLMENT STATUS

Abandon Date _____ Reason _____

Accept ___ Date: _____ Class _____ Full Day? Y N

Enroll Date _____ Reenroll Date: _____

Enroll/Reenroll is first day they attend

Drop Date _____

Drop Reason: _____

Wait List: Yes/No Wait List at Center Name _____

TRANSFER/CHANGE -CENTER/CLASSROOM

To Center _____

School District _____

To Class _____ Last date in old classroom: _____

First date in new classroom: _____

CHANGE NAME (if adoption, attach documentation)

Child to _____

Reason / Date: _____

(If married, provide additional family member information)

Parent to _____

Reason/Date: _____

CHANGE ADDRESS/PHONE

County _____

Living _____ Mailing _____

Telephone (Add/Delete/Edit) _____

Telephone (Add/Delete/Edit) _____

Telephone (Add/Delete/Edit) _____

Effective Date _____

IMMUNIZATION UPDATE

Immunization Received _____

Date Received _____

INCOME CHANGE (CO APPROVAL NEEDED)

Circle One: Over-income re-evaluated

Re-verified for re-enrollment

Income Changed from \$ _____ to \$ _____

Eligibility Points changed from _____ to _____

Reason _____

Date: _____ Initials _____

EMPLOYMENT STATUS (circle choice)

Full-time & Training Full Time (35 hrs+) Seasonal

Part-time & Training Part Time (under 35 hours)

Retired Unemployed Training/School

PARENT STATUS ONE TWO

PARENT/GUARDIAN PLACE OF EMPLOYMENT

Parent/Guardian: _____

Employer: _____

Employer Address: _____

Employer Number: (____) _____ - _____

Schedule: _____

CHANGE INSURANCE/INFO

Type: Medicaid/Military/MC+/Private

Add Ins. Co. Name _____

Drop Ins. Co. Name _____

Effective Date _____

Dentist/Doctor: _____

CHANGE OF CUSTODY TO (attach documentation)

(NOTE: Provide Family Information for New Family)

Foster Parent _____ DOB: _____

Natural Parent _____ DOB: _____

Other _____

Date of Change _____

FAMILY MEMBER

(CIRCLE ONE) Add Delete Edit

Adult - Name: _____

DOB: _____ Gender: _____

Relation to enrolled child: _____

Education Level: _____ Employment Status: _____

Children - Name: _____

DOB: _____ Gender: _____

Relation to enrolled child: _____

CHANGE OF CONTACTS

(CIRCLE ONE) Add Delete Edit

Name _____

Address _____

Phone _____

Relationship _____

_____ Emergency Contact _____ Release To

(CIRCLE ONE) Add Delete Edit

Name _____

Address _____

Phone _____

Relationship _____

_____ Emergency Contact _____ Release To

Other: _____

Staff Signature _____ Date _____

Parent Signature _____ Date _____