

SURE START APPLICATION SY 1

CHILD'S NAME Mark Gordon		CHILD'S GENDER M	CHILD'S DATE OF BIRTH (day/month/year) March 31, 2012	CHILD'S BIRTH WEIGHT 4 lbs 2oz
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) DES		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE AFB		
SPONSOR'S NAME Justin Gordon	RANK E6	SPONSOR'S DEROS June 6, 2018	MAILING ADDRESS PSC 00 Box 000 APO, AP 00000	
UNIT Security	UNIT PHONE # 123-4567	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) Military Tower #102		
PRIMARY LANGUAGE OF:		PHONE NUMBERS		E-MAIL ADDRESS
Mother	<u>Tagalog</u>	HOME	MOBILE	ARE YOU A SINGLE PARENT?
Father	<u>Tagalog</u>	123-4567	123-4567	NO
Child	<u>Tagalog</u>			NO
PRIMARY LANGUAGE SPOKEN IN THE HOME Tagalog		SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 (12) AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN 18
SPOUSE'S NAME Stella Gordon		SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 (12) AA BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN 19
WHERE IS SPOUSE EMPLOYED? Commissary		SPOUSE'S JOB TITLE: Stocker		
TOTAL NUMBER OF CHILDREN IN THE HOME 3	# OF BROTHER (S) 1	# OF SISTER (S) 1	AGES OF OTHER CHILDREN IN THE HOME 6, 8	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Mary, the 8 year old attends DES in the self-contained special education class. She has Cerebral Palsy + can't walk or talk.				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
Mark wants to be in school like his brother + sister. Daycare is expensive				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
Stella Gordon Signature			08/02/2016 Date	

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.

SURE START APPLICATION SY 16/17

CHILD'S NAME <u>Steve Sparks</u>		CHILD'S GENDER <u>M</u>	CHILD'S DATE OF BIRTH (day/month/year) <u>06-08-2012</u>	CHILD'S BIRTH WEIGHT <u>5lbs 10oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>AFB 2</u>		
SPONSOR'S NAME <u>Glenda Jones</u>	RANK <u>E-5</u>	SPONSOR'S DEROS <u>09-01-2018</u>	MAILING ADDRESS <u>PSC 1 Box 00 APO, AE 00000</u>	
UNIT <u>2nd MCB</u>	UNIT PHONE # <u>123-4567</u>	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Blg 487 # 126 AFB 2</u>		
PRIMARY LANGUAGE OF: Mother <u>English</u> Father <u>English</u> Child <u>English</u>	PHONE NUMBERS		E: MAIL ADDRESS <u>abc@gmail.com</u>	HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) <u>NO</u>
	HOME <u>123-4567</u>	MOBILE <u>123-4567</u>	ARE YOU A SINGLE PARENT? <u>NO</u>	
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>English</u>	SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>20</u>	
SPOUSE'S NAME <u>Robert</u>	SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>19</u>	
WHERE IS SPOUSE EMPLOYED? <u>YS</u>	SPOUSE'S JOB TITLE: <u>Childcare Aid</u>			
TOTAL NUMBER OF CHILDREN IN THE HOME <u>2</u>	# OF BROTHER (S) <u>0</u>	# OF SISTER (S) <u>1</u>	AGES OF OTHER CHILDREN IN THE HOME <u>2</u>	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
<u>Steve is struggling with learning his letters and don't like to share with his brother. I think school would help him make friends and learn at the same time</u>				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
<u>Glenda Jones</u> Signature			<u>06-15-2016</u> Date	

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.

SURE START APPLICATION SY 16 / 17

CHILD'S NAME Jesus Cortez	CHILD'S GENDER Male	CHILD'S DATE OF BIRTH (day/month/year) 4-20-12	CHILD'S BIRTH WEIGHT 4 lbs 8 oz
-------------------------------------	-------------------------------	----------------------------------------------------------	-------------------------------------------

CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) DES	MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE DoDEA Multiplexes
--------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

SPONSOR'S NAME Javier Cortez	RANK E5	SPONSOR'S DEROS 20190202	MAILING ADDRESS 123 DoDEA Drive,
----------------------------------------	-------------------	------------------------------------	--------------------------------------------

UNIT supply	UNIT PHONE # 555-1212	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) Bldg 847 Apt 202
-----------------------	---------------------------------	------------------------------------------------------------------------------

PRIMARY LANGUAGE OF: Mother <u>Spanish</u> Father <u>Spanish</u> Child <u>Spanish</u>	PHONE NUMBERS		E-MAIL ADDRESS	HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) No
	HOME 625-6668	MOBILE 231-4444	ARE YOU A SINGLE PARENT? No	

PRIMARY LANGUAGE SPOKEN IN THE HOME Spanish	SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 12 7 8 9 10 11 12 AA BS OTHER	SPONSOR'S AGE WHEN FIRST CHILD WAS BORN 19
-------------------------------------------------------	--------------------------------------------------------------------------------------	------------------------------------------------------

SPOUSE'S NAME Juanita Cortez	SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 12 7 8 9 10 11 12 AA BS OTHER	SPOUSE'S AGE WHEN FIRST CHILD WAS BORN 18
----------------------------------------	-------------------------------------------------------------------------------------	-----------------------------------------------------

WHERE IS SPOUSE EMPLOYED? Home	SPOUSE'S JOB TITLE: Housewife
------------------------------------------	-----------------------------------------

TOTAL NUMBER OF CHILDREN IN THE HOME 3	# OF BROTHER (S) 2	# OF SISTER (S) 0	AGES OF OTHER CHILDREN IN THE HOME 2, 7	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------------------	------------------------------	-----------------------------	---------------------------------------------------	--------------------------------------------------------------------------------------

HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. YES NO

Juan goes to speech class at DES. He is hard to understand.

IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? YES NO

WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?

Jesus loves to play with other children. I want him to be prepared for kindergarten.

I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.

Signature

Date

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.

SURE START APPLICATION BY 1/6/17

CHILD'S NAME <u>Elise Huber</u>		CHILD'S GENDER <u>F</u>	CHILD'S DATE OF BIRTH (day/month/year) <u>14-05-2012</u>	CHILD'S BIRTH WEIGHT <u>6lbs 8oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>AFB 2</u>		
SPONSOR'S NAME <u>Jeffrey</u>		RANK <u>E5</u>	SPONSOR'S DEROS <u>12-01-2017</u>	MAILING ADDRESS <u>PSC1 Box 00 APO, AE 00000</u>
UNIT <u>1/1 AD</u>	UNIT PHONE # <u>123-4567</u>	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Patton Way #5 AFB 2</u>		
PRIMARY LANGUAGE OF: Mother <u>English</u> Father <u>English</u> Child <u>English</u>		PHONE NUMBERS HOME <u>123-4567</u> MOBILE <u>123-4567</u>		E: MAIL ADDRESS <u>122@gmail.com</u> ARE YOU A SINGLE PARENT? <u>NO</u> HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) <u>Yes</u>
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>English</u>		SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>21</u>
SPOUSE'S NAME <u>Pam</u>		SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 12 <u>AA</u> BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>20</u>
WHERE IS SPOUSE EMPLOYED? <u>DAFES</u>		SPOUSE'S JOB TITLE: <u>Cashier</u>		
TOTAL NUMBER OF CHILDREN IN THE HOME <u>2</u>	# OF BROTHER (S) <u>0</u>	# OF SISTER (S) <u>1</u>	AGES OF OTHER CHILDREN IN THE HOME <u>6</u>	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
<u>Elise has been attending We Care preschool out in town. We would like for her to have a more educational experience instead of all play. I am concerned about her speech because she doesn't say some words clearly.</u>				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
Signature <u>Jeffrey Huber</u>			Date <u>04-15-2016</u>	
TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.				

SURE START APPLICATION SY 11/17

CHILD'S NAME <u>Ethan Young</u>		CHILD'S GENDER <u>M</u>	CHILD'S DATE OF BIRTH (day/month/year) <u>31-Aug-2012</u>	CHILD'S BIRTH WEIGHT <u>8lbs 2oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>AFB #2</u>		
SPONSOR'S NAME <u>Jane Young</u>	RANK <u>O-2</u>	SPONSOR'S DEROS <u>2020-08-01</u>	MAILING ADDRESS <u>PSC 1 Box 00 APO, AE 00000</u>	
UNIT <u>1/1 AD</u>	UNIT PHONE # <u>123-4567</u>	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Murphy Way # 3 - AFB #2</u>		
PRIMARY LANGUAGE OF: Mother <u>English</u> Father <u>English</u> Child <u>English</u>		PHONE NUMBERS HOME <u>123-4567</u> MOBILE <u>123-4567</u>	E: MAIL ADDRESS <u>abc@gmail.com</u>	HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) <u>NO</u>
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>English</u>		SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 12 AA <input checked="" type="radio"/> BS OTHER	SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>24</u>	
SPOUSE'S NAME <u>Tom Young</u>		SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 12 AA <input checked="" type="radio"/> BS OTHER	SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>24</u>	
WHERE IS SPOUSE EMPLOYED? <u>1/2 Com</u>		SPOUSE'S JOB TITLE: <u>Communication officer</u>		
TOTAL NUMBER OF CHILDREN IN THE HOME <u>1</u>	# OF BROTHER (S) <u>0</u>	# OF SISTER (S) <u>0</u>	AGES OF OTHER CHILDREN IN THE HOME <u>0</u>	Dual Military <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
<u>Ethan is a bright young man who exhibits a desire to learn. I think this program would be a great opportunity for him to engage with other children and become prepared for kindergarten.</u>				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
Signature <u>Jane Young</u>			Date <u>05-01-2016</u>	

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.

SURE START APPLICATION SY 16117

CHILD'S NAME Maribel Moody		CHILD'S GENDER F	CHILD'S DATE OF BIRTH (day/month/year) 01/04/2012	CHILD'S BIRTH WEIGHT 5.8
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) DES		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE AFB #2		
SPONSOR'S NAME Ken Moody	RANK E4	SPONSOR'S DEROS 2019/09/01	MAILING ADDRESS PSC 1 Box 00 APO, AE 00000	
UNIT 1/1 COM	UNIT PHONE # 123-4567	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #)		
PRIMARY LANGUAGE OF: Mother <u>English</u> Father <u>Tayalog</u> Child <u>English</u>	PHONE NUMBERS HOME 123-4567 MOBILE 123-4567		E: MAIL ADDRESS abc@gmail.com	HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) Yes
			ARE YOU A SINGLE PARENT? NO	
PRIMARY LANGUAGE SPOKEN IN THE HOME English	SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 (12) AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN 22	
SPOUSE'S NAME Leah Moody	SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 (12) AA BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN 20	
WHERE IS SPOUSE EMPLOYED? Not employed	SPOUSE'S JOB TITLE: Homemaker			
TOTAL NUMBER OF CHILDREN IN THE HOME 2	# OF BROTHER (S) 1	# OF SISTER (S) 0	AGES OF OTHER CHILDREN IN THE HOME 3	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Brother receives speech therapy				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
I think that Maribel would enjoy playing with other children, and I want her to be prepared for kindergarten				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
Ken Moody Signature			08-20-2016 Date	
TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.				

SURE START APPLICATION SY 16/17

CHILD'S NAME <u>Sarah Jones</u>		CHILD'S GENDER <u>F</u>	CHILD'S DATE OF BIRTH (day/month/year) <u>10-10-2012</u>	CHILD'S BIRTH WEIGHT <u>7lbs 2oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>AFB 2</u>		
SPONSOR'S NAME <u>Michael Jones</u>		RANK <u>E5</u>	SPONSOR'S DEROS <u>2019-06-08</u>	MAILING ADDRESS <u>PSC 1 Box 00 #PO, AP 20000</u>
UNIT <u>USS Washington</u>	UNIT PHONE #	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Military Tower #603</u>		
PRIMARY LANGUAGE OF:		PHONE NUMBERS		E-MAIL ADDRESS
Mother	<u>English</u>	HOME	MOBILE	ARE YOU A SINGLE PARENT?
Father	<u>English</u>	<u>123-4567</u>	<u>123-4567</u>	<u>no</u>
Child	<u>English</u>			HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) <u>yes</u>
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>English</u>		SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>22</u>
SPOUSE'S NAME <u>Amy Jones</u>		SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>21</u>
WHERE IS SPOUSE EMPLOYED? <u>MWR</u>		SPOUSE'S JOB TITLE: <u>Cashier</u>		
TOTAL NUMBER OF CHILDREN IN THE HOME <u>0</u>	# OF BROTHER (S) <u>-</u>	# OF SISTER (S) <u>-</u>	AGES OF OTHER CHILDREN IN THE HOME <u>-</u>	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START? <u>She doesn't like the CDC.</u>				

I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.

Amy Jones Signature 07-01-2016 Date

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.

SURE START APPLICATION SY 16117

CHILD'S NAME <u>Elizabeth Smith</u>		CHILD'S GENDER	CHILD'S DATE OF BIRTH (day/month/year) <u>02 Sep 2012</u>	CHILD'S BIRTH WEIGHT <u>7lbs 6oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>AFB 2</u>		
SPONSOR'S NAME <u>Donald Smith</u>	RANK <u>E5</u>	SPONSOR'S DEROS <u>2019-08-08</u>	MAILING ADDRESS <u>PSC 1 Box 00 APO, AP 96300</u>	
UNIT <u>George Washington</u>	UNIT PHONE # <u>123-4567</u>	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Military Tower #402</u>		
PRIMARY LANGUAGE OF: Mother Father Child	<u>English</u> <u>English</u> <u>English</u>	PHONE NUMBERS		E-MAIL ADDRESS
		HOME <u>123-4567</u>	MOBILE <u>123-4567</u>	ARE YOU A SINGLE PARENT? <u>NO</u>
HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) <u>Yes</u>		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>21</u>		
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>English</u>		SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>(12)</u> AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>21</u>
SPOUSE'S NAME <u>Carolyn Smith</u>		SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>(12)</u> AA BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>21</u>
WHERE IS SPOUSE EMPLOYED? <u>N/A</u>		SPOUSE'S JOB TITLE: <u>homemaker</u>		
TOTAL NUMBER OF CHILDREN IN THE HOME <u>0</u>	# OF BROTHER (S)	# OF SISTER (S)	AGES OF OTHER CHILDREN IN THE HOME	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
<u>She is excited to learn. She wants to go to school.</u>				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
<u>Carolyn Smith</u> Signature			<u>05-05-2016</u> Date	
TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.				

SURE START APPLICATION SY 16/17

CHILD'S NAME <u>Devon Marquez</u>		CHILD'S GENDER <u>M</u>	CHILD'S DATE OF BIRTH (day/month/year) <u>03-31-2016</u>	CHILD'S BIRTH WEIGHT <u>7lb 9oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>AFB 2</u>		
SPONSOR'S NAME <u>Juan</u>		RANK <u>E5</u>	SPONSOR'S DEROS <u>12-10-2018</u>	MAILING ADDRESS <u>PSC 1 Box 00 APO, AE 00000</u>
UNIT <u>314 CAV</u>	UNIT PHONE # <u>123-4567</u>	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Luzon Loop #4922 AFB 2</u>		
PRIMARY LANGUAGE OF: Mother <u>Spanish</u> Father <u>Spanish</u> Child <u>Spanish</u>		PHONE NUMBERS HOME <u>123-4567</u> MOBILE <u>123-4567</u>		E-MAIL ADDRESS <u>NO</u>
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>Spanish</u>		SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>17</u>
SPOUSE'S NAME <u>Jess</u>		SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 <u>11</u> 12 AA BS OTHER		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>16</u>
WHERE IS SPOUSE EMPLOYED? <u>0</u>		SPOUSE'S JOB TITLE: <u>Homemaker</u>		
TOTAL NUMBER OF CHILDREN IN THE HOME <u>3</u>	# OF BROTHER (S) <u>2</u>	# OF SISTER (S) <u>0</u>	AGES OF OTHER CHILDREN IN THE HOME <u>3, 1</u>	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START? <u>I would like Devon to go to school.</u>				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
<u>Juan Marquez</u> Signature			<u>06-01-2016</u> Date	

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.

SURE START APPLICATION SY 16, 17

CHILD'S NAME <u>Ramona Smith</u>		CHILD'S GENDER <u>F</u>	CHILD'S DATE OF BIRTH (day/month/year) <u>02 Sept 2012</u>	CHILD'S BIRTH WEIGHT <u>06lbs 2oz</u>
CHILD'S HOME SCHOOL (school child would attend if he/she were in first grade) <u>DES</u>		MILITARY HOUSING AREA OR TOWN WHERE CHILD AND FAMILY RESIDE <u>American Town</u>		
SPONSOR'S NAME <u>Aaron Smith</u>	RANK <u>E5</u>	SPONSOR'S DEROS <u>2019-10-02</u>	MAILING ADDRESS <u>PSC 1 Box 00 APO, AE 00000</u>	
UNIT <u>1/4 CAV</u>	UNIT PHONE # <u>123-4567</u>	HOME ADDRESS (INCLUDE POST or BASE, BLDG & APT #) <u>Oak Street # 6 American Town-GE</u>		
PRIMARY LANGUAGE OF: Mother <u>Japanese</u> Father <u>English</u> Child <u>English</u>	PHONE NUMBERS		E: MAIL ADDRESS <u>123@gmail.com</u>	HAS THE SPONSOR BEEN / WILL BE ON A 90-DAY DEPLOYMENT? (Documentation may be required) <u>NO</u>
	HOME <u>123-4567</u>	MOBILE <u>123-4567</u>	ARE YOU A SINGLE PARENT? <u>Yes</u>	
PRIMARY LANGUAGE SPOKEN IN THE HOME <u>English</u>	SPONSOR'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 <u>12</u> AA BS OTHER		SPONSOR'S AGE WHEN FIRST CHILD WAS BORN <u>19</u>	
SPOUSE'S NAME <u>Yi</u>	SPOUSE'S YEARS OF EDUCATION (CHOOSE ONE) 7 8 9 10 11 12 AA BS <u>OTHER</u>		SPOUSE'S AGE WHEN FIRST CHILD WAS BORN <u>20</u>	
WHERE IS SPOUSE EMPLOYED? <u>---</u>	SPOUSE'S JOB TITLE: <u>---</u>			
TOTAL NUMBER OF CHILDREN IN THE HOME <u>1</u>	# OF BROTHER (S) <u>0</u>	# OF SISTER (S) <u>0</u>	AGES OF OTHER CHILDREN IN THE HOME <u>0</u>	Dual Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?				
<u>I am a single dad who wants to make sure that Ramona can go to school as early as possible, I want her to have a chance that I didn't have as a kid.</u>				
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.				
<u>Aaron Smith</u> Signature			<u>06-05-2016</u> Date	

TARGET POPULATION: Child 4-years of age by September 1 of the enrolling school year and a dependent of a sponsor E4 and below.