

EMAA-Head Start  
CHANGE OF STATUS

(Rev. 1-6-12)

(Print Clearly)

Center Name \_\_\_\_\_ Class \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**CHANGE ENROLLMENT STATUS**

Abandon Date \_\_\_\_\_ Reason \_\_\_\_\_

Accept Date: \_\_\_\_\_ Class \_\_\_\_\_ Group \_\_\_\_\_

Enroll Date \_\_\_\_\_ Reenroll Date: \_\_\_\_\_

Termination Date \_\_\_\_\_ Last Date Attended \_\_\_\_\_

Term. Reason \_\_\_\_\_

Wait List: Yes/No Wait List at Center Name \_\_\_\_\_

Daycare Enroll Date: \_\_\_\_\_ Daycare Term Date: \_\_\_\_\_

**TRANSFER/CHANGE –CENTER/CLASSROOM**

To Center \_\_\_\_\_

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 Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Add / Delete \_\_\_\_\_

Telephone H C M \_\_\_\_\_

Other \_\_\_\_\_

Effective Date \_\_\_\_\_

**IMMUNIZATION UPDATE**

Immunization Received \_\_\_\_\_

Date Received \_\_\_\_\_

**INCOME CHANGE**

(over-income re-evaluated/re-verify for re-enrollment)

Changed to \_\_\_\_\_

Reason \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYMENT STATUS (full-day)**

B- Full Time & Training L- Part Time / Training

F- Full Time P- Part Time

R- Retired or Disabled S- Seasonally

T- Training or School U- Unemployed

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Parent Signature Date

**Computer Use Only**

Date Edited \_\_\_\_/\_\_\_\_/\_\_\_\_

Edited by (initials) \_\_\_\_\_

**CHANGE INSURANCE/INFO**

Insurance Drop/Add Date \_\_\_\_\_

Type: Medicaid/Military/MC+/Private \_\_\_\_\_

Add Ins. Co. Name \_\_\_\_\_

Drop Ins. Co. Name \_\_\_\_\_

Effective Date \_\_\_\_\_

**CHANGE OF CUSTODY TO** (attach documentation)

(NOTE: Provide Family Information for New Family)

Foster Parent \_\_\_\_\_ Natural Parent \_\_\_\_\_

Other \_\_\_\_\_

Date of Change \_\_\_\_\_

Parent/Guardian Names for Labels \_\_\_\_\_

**FAMILY MEMBER**

(CIRCLE ONE) Add Delete Edit

Adult (First and Last Name, Birthdate, SS#, Gender, Educ. Level, Employment Status)

Children (First and Last Name, Birthdate, SS#, Gender, Related to, How Related)

**CHANGE OF CONTACTS**

(CIRCLE ONE) Add Delete Edit

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone H C M \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Release To

(CIRCLE ONE) Add Delete Edit

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone H C M \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Release To

(CIRCLE ONE) Add Delete Edit

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone H C M \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Release To

Other