

Tri-County Opportunities Council Early Head Start/Head Start



Date: _____

Where did you hear about the program? _____

First Name: _____

Last Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Is it okay to text the cell phone number listed? _____

E-Mail Address: _____

Work/School Status:

- Full Time Part Time Seasonal Not Working In School

Please list any child 5 years of age or younger in your home

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Additional Comments:

