

Tri-County Head Start/Early Head Start

Returning Child Application

Please fill in this form completely and accurately. All information is considered confidential. If you have any questions about this form or need assistance in completing it, please call (850) 548-9900 or the child's center.

Yes, my child will be returning to the Tri County Head Start/Early Head Start program. (Complete section 1)

No, my child will not be returning.

Child's Name _____

Reason _____

Section 1: (Fill out one application for each returning child) Please Print

Child's Name: _____ DOB: _____

Child has an IEP: Yes No

Living Address: _____ City: _____ Zip: _____

Mailing Address: _____

Child resides with _____ Child has incarcerated: Mother Father

List all family members living in the home with name and age:

Parent's Name _____ Phone _____

Current Employers:

Dad: monthly weekly bi-weekly Income: \$ _____

Mom: monthly weekly bi-weekly Income \$ _____

Other Income: \$ _____ Child Support Unemployment Family Help

This information is used to update our records and to measure economic stability within each family. If this application is not returned, we cannot guarantee that your child will have a seat in the _____ school year.

Parent/Guardian Signature

Date