



Tri-County Community Council Head Start/Early Head Start Application for Admission

2499 Cypress St.
Westville, FL 32464
(850) 548-9900
License # CO2H00063

Application MUST be completed entirely. An incomplete application may delay processing.

Staff must check and initial as proof of document review.

1. Attach proof of your child's birth date.
 - The proof of child's age (prefer birth certificate) showing a date of birth. Children must turn 3 years old by September 1st to attend Head Start.
2. Attach proof of your family income for the last calendar year or the past 12 months.
 - Income Tax Form for the past year completed and signed by preparer (1040, 1040A)
 - W2 Form for the past year
 - Employer letter stating total gross earnings for the past 12 months.
 - A December pay stub showing the year-to-date earnings.
 - Self-declaration statements acceptable under certain conditions
 - Any other source of income you may have child support, unemployment, SSI etc.
3. Attach proof of categorical eligibility.
 - Placement documentation for children in foster, relative or non-relative care.
 - Proof of SNAP, TANF or SSI benefits
 - Student Residency and McKenney Vento forms for children experiencing homelessness.
 - 3rd Party Consent Form (if applicable)

If your child is determined to be eligible you will be notified by letter and asked to fill out an enrollment packet. Before the program year begins an orientation and open house will be held at the center. We ask that all families entering the Head Start/ Early Head Start program attend orientation.

Received By: _____ Date: _____

Center(s) Applied For: _____ age 0-3 age 3 age 4

Expectant Family (pregnant mother)

Yes, I am interested in EHS Home-Based Services for my Infant/Toddler

A valid physical and shot record must be on file prior to your child entering the classroom.

Applicant						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race	Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> White		<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Other:		<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
<input type="checkbox"/> American Indian/Alaska Native						
<input type="checkbox"/> Hawaiian/Pacific Islander						
<input type="checkbox"/> Multi-Racial						
Primary Health Coverage	Medicaid	Primary Care Provider	Dental Coverage	Primary Dental Provider		
	<input type="checkbox"/> Not Eligible					
	<input type="checkbox"/> On Medicaid					
Services Received:	<input type="checkbox"/> Child Support <input type="checkbox"/> SNAP (Food Assistance) <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> SSI Benefits <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Unemployment					
Parental Status:	<input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Current Teen Parent <input type="checkbox"/> Special Custody/Visiting Arrangements <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Other:					

Family Living Address							
Living Address	Address Line 2	ZIP	City	State	County		
Family Mailing Address							
Same as living?	Mailing Address	Address Line 2	ZIP	City	State		
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Type (check one)	Note	Opt in for Text Messages				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Adult														
First	Middle	Last	Suffix	Nickname	Birthday	Gender								
<table border="1"> <thead> <tr> <th>Race</th> <th>Hispanic</th> <th>English Proficiency</th> <th>Other Language Proficiency</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </td> <td> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient Other Language </td> </tr> </tbody> </table>							Race	Hispanic	English Proficiency	Other Language Proficiency	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient Other Language
Race	Hispanic	English Proficiency	Other Language Proficiency											
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient Other Language											
<table border="1"> <thead> <tr> <th>Highest Grade Completed</th> <th>Employment Status</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED </td> <td> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed </td> </tr> </tbody> </table>							Highest Grade Completed	Employment Status	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed				
Highest Grade Completed	Employment Status													
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed													
<table border="1"> <thead> <tr> <th>Child's Relationship</th> <th>Custody</th> <th>Check all that apply:</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Biological/Adopted/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>							Child's Relationship	Custody	Check all that apply:	<input type="checkbox"/> Biological/Adopted/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Relationship	Custody	Check all that apply:												
<input type="checkbox"/> Biological/Adopted/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Email Address:			Place of Employment:											

Secondary or Other Adult														
First	Middle	Last	Suffix	Nickname	Birthday	Gender								
<table border="1"> <thead> <tr> <th>Race</th> <th>Hispanic</th> <th>English Proficiency</th> <th>Other Language Proficiency</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient </td> <td> <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient Other Language </td> </tr> </tbody> </table>							Race	Hispanic	English Proficiency	Other Language Proficiency	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient Other Language
Race	Hispanic	English Proficiency	Other Language Proficiency											
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient Other Language											
<table border="1"> <thead> <tr> <th>Highest Grade Completed</th> <th>Employment Status</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED </td> <td> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed </td> </tr> </tbody> </table>							Highest Grade Completed	Employment Status	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed				
Highest Grade Completed	Employment Status													
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> College Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> GED	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed													
<table border="1"> <thead> <tr> <th>Child's Relationship</th> <th>Custody</th> <th>Check all that apply:</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Biological/Adopted/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>							Child's Relationship	Custody	Check all that apply:	<input type="checkbox"/> Biological/Adopted/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Relationship	Custody	Check all that apply:												
<input type="checkbox"/> Biological/Adopted/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Email Address:			Place of Employment:											

Additional Child (Non-Applicant) *					
First	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		

Additional Child (Non-Applicant) *					
First	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		

Additional Child (Non-Applicant) *					
First	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		

Additional Child (Non-Applicant) *					
First	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		

Additional Child (Non-Applicant) *					
First	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic	English Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None		
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient		

Emergency Contacts

Contact 1	Name		Relationship		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		ZIP	City	State	
	Phone Number 1		Phone Number 2			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				
Contact 2	Name		Relationship		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		ZIP	City	State	
	Phone Number 1		Phone Number 2			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				
Contact 3	Name		Relationship		Release To	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		ZIP	City	State	
	Phone Number 1		Phone Number 2			
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent Signature/Date

Getting to Know You

Since you know your child best, please share a little bit about him/her with us. This information will help us develop a plan that supports you as your child's first and best teacher and encourages your child to grow and learn!

Has your child been in an early learning program before? If yes, where, and why are you choosing Head Start? _____

What does your child do well? _____

What are some goals you would like to set for your child? _____

How do you and your child spend time together? _____

Does your child get easily frustrated by difficult tasks or with others? _____

What kind of things upset your child, how do you comfort him or her? _____

What keeps your child interested? _____

Do you notice your child struggling with some activities? _____

How does your child interact with others? _____

What words would you use to describe your child? _____

How do you motivate your child? _____

Have you ever been concerned with your child's behavior? If so, please describe them.

Has your child met developmental milestones as expected? Has their pediatrician ever discussed any concerns with you related to their development? _____

In the home, how are you preparing your child to learn? _____

Is your child currently receiving any behavioral health services? If not, would you be interested in your child being assessed? _____

Could you tell us about your family's culture? _____

What are your expectations for your child's early learning experience? _____

What are your child's favorite toys, games, or books? _____

Is there any other way that our program can support your child and family? _____

Family Service Advocates: Please place a copy of this document in the education file.

Tri-County Head Start/Early Head Start

Child's Health Record

Child's Name _____

Is your child on WIC? Yes No County _____

Does your child have a regular Doctor? Yes No Name _____

Does your child have a regular Dentist? Yes No Name _____

Has your child had a Lead Test? Yes No Provider _____

Does your child currently have any diagnosed disabilities? Yes No If yes, please explain.

Diagnosed when/by whom? _____

Does your child have an Individualized Education Plan/IFSP? Yes No

Referral Agency _____

Health Concerns	Yes	No	Explain
Has your child had a serious and/or long-term illness?			
Does your child have difficulty seeing and/or wear glasses?			
Does your child have problems with hearing?			
Is your child potty trained? If no, what size diaper/pull ups?			
Is a specific brand used? If so, which one?			
Has your child ever had a convulsion or seizure?			If yes, when did it last happen?
Is your child taking medication for seizures?			If yes, what medicine?
Is your child now being treated by a physician and/or dentist for anything other than routine visits?			Physician/Dentist Name
Are there any conditions we have not talked that get in the way of your child's everyday activities?			
Did a doctor tell you the child had this problem?			
Does your child receive mental health treatment?			
Does your child have any allergies to food, medication or environment? Please explain.			
Will emergency medication be needed on site?			Name of medication:

*Please note that if your child needs medication during the school day, **we must** have a current medication authorization form on file, and a doctor's written orders.*

Does your child have an up-to-date shot record? ___ No ___ Yes, Date: _____

Does your child have an up-to-date physical? ___ No ___ Yes, Date: _____

Parent/Guardian Signature

Staff Signature

(For staff use only) Is follow-up required? Yes, (health care plan in file) No

Tri-County Head Start/Early Head Start

Nutrition and Menu Survey

Child's Name _____ Center _____

Is there anything you would like to share about your child's food likes/dislikes, your family eating patterns, and/or any cultural food preferences you have? _____

Does your child take vitamins?	Y	N	If yes, what kind?
Is there any food your child should not eat for medical or religious reasons?	Y	N	If yes, what kind?
Is your child on a special diet?	Y	N	If yes, what kind?
Does your child have trouble chewing or swallowing?	Y	N	If yes, explain.
Does your child take a bottle?	Y	N	If yes, what kind?
Does your child use formula?	Y	N	If yes, what kind?
Do you have any concerns about what your child eats?	Y	N	If yes, explain.
Does your child have any food allergies?	Y	N	If yes, what kind?
Are you interested in nutritional counseling?	Y	N	
Does your child use a pacifier?	Y	N	If yes, when is it needed.

Comments _____

Parent/Guardian Signature

Staff Signature

(For staff use only)

Is follow-up required? Yes, (health care plan or modified meal form in file) No

School Year

Third Party Permission to Contact

I understand the following persons may be contacted regarding the Financial and Family Information provided on my child's application for Head Start and/or Early Head Start.

List people outside of the home or immediate family.

Any information obtained will be confidential and will be used only to determine the child's eligibility.

Name _____
First Last Relationship
Home Address _____
Street City Zip Code
Telephone _____
Home Cell Work

Name _____
First Last Relationship
Home Address _____
Street City Zip Code
Telephone _____
Home Cell Work

Name _____
First Last Relationship
Home Address _____
Street City Zip Code
Telephone _____
Home Cell Work

I hereby give my permission for any/all parties above to be contacted.

Parent Signature/Date

Staff Name/Date

