



# HEAD START/EARLY HEAD START

## PRE-APPLICATION FORM

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

Parent/Guardian's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Directions to the home: \_\_\_\_\_