

Date: _____

HEAD START APPLICATION REQUEST FORM

Center/Area: _____

Child's Name: _____ Sex: ___ M ___ F

Date of Birth: _____ *(Child must be born before September 1, 2012)*

Physical Address: _____

Contact Information

Parent/Guardian Name: _____

Phone #: Primary (____) _____

Secondary (____) _____

Please submit request to paula.ward@ho-chunk.com or laurel.meek@ho-chunk.com