

Head Start Verification of Enrollment

Head Start Program Information

Program Name: _____

Director Name: _____

Address: _____

City, State, Zip: _____ County: _____

Phone Number: () _____ Fax Number: () _____

Email: _____

Parent/Guardian and Child Information

Parent/Guardian Name: _____

Child Name: _____ DOB (mm/dd/yyyy): _____

Parent/Guardian Address: _____

City, State, Zip: _____ County: _____

Date of child's enrollment in Head Start (mm/dd/yyyy): _____

Child Care Collaborative Partner OR Head Start Site

Child Care Collaborative Partner (CP) or Head Start Site Name: _____

Hours/Days of Program: _____

Director Name (CP only): _____

Address (CP only): _____

City, State, Zip: _____ County: _____

Phone Number: () _____ Fax Number: () _____

Email: _____

This form provides verification from the Head Start Program to the Early Learning Resource Center that this child is enrolled in the above-named Head Start program. The child care program referenced above is a collaborative partner with Head Start and meets applicable Head Start standards or the program is an extended Head Start program that has a child day care certificate of compliance.

Signature

Position

Date