

Muskingum County Head Start Intake Form for Applications

How Did You Hear about Head Start Flyer _____ TV Radio Friend Door to Door Door Knocker Current/Former Parent Dr/Dentist Office Agency _____ Other _____	Parent's Name _____ Child's Name _____ Birthdate _____ Address _____ Phone _____ Do you need Transportation _____ Has child ever done an application with us before _____ Name of staff person completing this information _____	1 st appt date _____ Time _____ 2 nd appt date _____ Time _____ 3 rd appt date _____ Time _____
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