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Navajo Head Start

^{*} If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Additional Child (Non Applicant)

This Section for Agency Use Only:						
Applicant Name:_	Birthday					

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Fan	Family Mailing Address													
Same as living? Started Using Date		Maili	Mailing Address		Ad	ddress Line	2	ZIP		City		State		
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Page Three (3)

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Applicant Name:	Birthday

Applicant Eligibility & Enrollment Information

Eligibility							
Program Term	Agency		Initial Statu	ıs		Status Dat	te
			□ New	☐ Accepted	□ Waitlisted		
Releases Signed	Date Signed		Child will tr	ansition to			
□ Yes □ No							
Location Preference Priority	Site			Classroom		Funding	
1st							
2nd							
3rd							
Enrollment Notes							
Application Date	Application Status				Applicati	on Number Part	icipation Year
	□ Complete & Verified□ Incomplete		plete, info not - specify in no				
Eligibility Date	Number in Family	Е	ligibility Incon	ne			
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On a separate	piece of paper plea	se draw	a map fro	om the near	est Head S	tart Center to your	Home
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in addition, pi	ease complete the T	ianspor	tation Req	uest Sui vey	roillito co	піріесе уой аррііса	uon.
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Certification: I certify that this subject to legal action.	injormation is true. If any p	oart is false,	, my particípa	tion in this agen	ıcy's program ı	nay be terminated and I m	iay be
I also understand that the inj business hours.	formation in this application	on will be h	neld in strict (confidence with	in the agency	and is accessible to me du	ring normal