

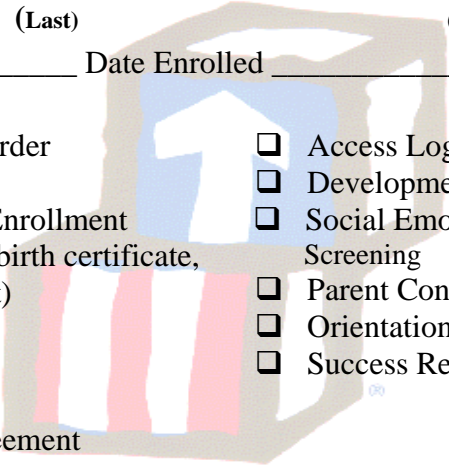
## *Stanislaus County Head Start*

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

(Last)

(First)

Birth Date \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Terminated \_\_\_\_\_

- 
- |   |  |
|---|--|
| <input type="checkbox"/> Custody/Court Order                                  | <input type="checkbox"/> Access Log                      |
| <input type="checkbox"/> Emergency Card                                       | <input type="checkbox"/> Developmental Screening         |
| <input type="checkbox"/> Application for Enrollment                           | <input type="checkbox"/> Social Emotional Development    |
| <input type="checkbox"/> Documentation (birth certificate, Statement of fact) | <input type="checkbox"/> Screening                       |
| <input type="checkbox"/> Parent's Rights                                      | <input type="checkbox"/> Parent Contact Record           |
| <input type="checkbox"/> Personal Rights                                      | <input type="checkbox"/> Orientation/Volunteer Checklist |
| <input type="checkbox"/> Parent Consent                                       | <input type="checkbox"/> Success Reports                 |
| <input type="checkbox"/> Admissions Agreement                                 |  |

Optional  
Revised 11/09  
CF/O-5