

## Stanislaus Head Start Policy Council Representative Confirmation

To: **Violeta Cuevas**  
E-mail: vcuevas@stancoe.org  
**cc: Ismelda Cantu-Barrera**  
E-mail: icantu-barrera@stancoe.org  
Fax# 238-4217

From: \_\_\_\_\_  
Date: \_\_\_\_\_

Delegate Agency: \_\_\_\_\_

The following Representatives/Alternates will attend the Policy Council meeting on \_\_\_\_\_

Insert Date

Check if new	Name	Representative/ Alternate	# of Children (for Child Care)	Age(s)
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A		
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<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A		
<input type="checkbox"/> Policy Committee Approval Date:		<input type="checkbox"/> R <input type="checkbox"/> A		

**Representatives/Alternates Terminated:** \_\_\_\_\_

If your Policy Committee has terminated a Representative or Alternate and has elected a new Representative/Alternate, please update the information on this form, and attach an updated **C/FS Delegate Policy Committee Data Form** (CF/P-8) with this fax.

**Note:** This Confirmation Sheet needs to be faxed/e-mailed by 5:00 p.m. on the Thursday prior to the Tuesday Policy Council Meeting.