



**STANISLAUS HEAD START and EARLY HEAD START POLICY COUNCIL
CHILD/FAMILY SERVICES
POLICY COMMITTEE DATA**

Date Revised: _____

Delegate Agency: _____

Year: _____

OFFICERS

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE NUMBER</u>
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Chairperson: _____

Vice-Chairperson: _____

Secretary/Treasurer: _____

Sergeant-At-Arms: _____

DPC Meeting: Date: _____ Time: _____ Location: _____

REPRESENTATIVES/ALTERNATES TO STRANISLAUS HEAD START/EARLY HEAD START POLICY COUNCIL

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE NUMBER</u>	CHECK IF SPANISH SPEAKING*
1. Representative: _____						<input type="checkbox"/>
Alternate: _____						<input type="checkbox"/>
2. Representative: _____						<input type="checkbox"/>
Alternate: _____						<input type="checkbox"/>

* Check this box if the representative speaks or needs information in Spanish.