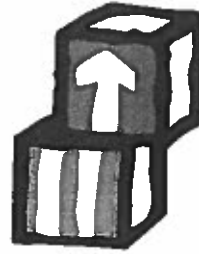


# NICAA HEAD START PRE-REGISTRATION FORM



Name of child: \_\_\_\_\_ Age \_\_\_\_\_

DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Working \_\_\_\_\_ Not Working \_\_\_\_\_

TANF (cash assistance) \_\_\_\_\_

Unemployment \_\_\_\_\_

Foster Child \_\_\_\_\_

Relative \_\_\_\_\_

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_

Date of phone call \_\_\_\_\_

Returned \_\_\_\_\_

By \_\_\_\_\_