

College of Southern Idaho Head Start/ Early Head Start Enrollment Notification

Center Name _____ Date _____

Child's Name _____ DOB _____ Program Age _____

Accepted Date _____ Orientation Date _____ Orientation HV Date _____

ENROLLMENT DATE IS THE 1ST DAY OF CLASS FOR HEAD START
FIRST HOME VISIT FOR EARLY HEAD START

Enrollment Date _____ Unit _____ Option _____ Caseload (HV) _____

Center Supervisor Signature _____ Date _____

Data Entry Signature _____ Date _____

ERSEA Officer Signature _____ Date _____

Comments (if any):