

**CSI HEAD START/ EARLY HEAD START
PARENT TRAINING REQUEST**

(Please submit to Central Office *at least two weeks prior to training*)

Home Visitor _____

Parent Name: _____ Head Start EHS Center: _____

PROMIS FAMILY ID #: _____ STUDENT ID # _____

Training Title: _____ Training Provided By: _____

Date(s) of Training: _____

For Credit: YES NO Course # _____

GED Subject Name(s) _____ GED Date(s) _____

ESTIMATED COST TO HEAD START: \$ _____

COST PER CREDIT: \$ _____ X _____ CREDIT(S)

FEES OR TUITION: \$ _____

MATERIALS OR BOOKS: \$ _____ OTHER COSTS: YES NO

PERDIEM

TRAVEL

* PLEASE ATTACH A COPY OF THE TRAINING AGENDA

Parents check all that apply:

This training will assist me in

Personal Growth	<input type="checkbox"/>	Working on GED	<input type="checkbox"/>	First Aid/CPR	<input type="checkbox"/>
Continuing Education	<input type="checkbox"/>	Getting a Library Card	<input type="checkbox"/>	Health/Wellness	<input type="checkbox"/>
Job Skills	<input type="checkbox"/>	Parenting Skills	<input type="checkbox"/>	Other	<input type="checkbox"/>

Describe the individual training plan objective this class/training addresses: _____

Have you requested or received financial assistance from any other source? Yes No

If yes, from whom (ex. FAFSA, Pell Grant, or Scholarship)?

Would you be willing to share information with other parents or staff in the future? Yes No

List previous Head Start/EHS training attended and paid for by HS/EHS:

PARENT SIGNATURE _____ DATE: _____

CENTER SUPERVISOR _____ DATE: _____

Central Office Use Only

Approved By: _____ Date: _____ P.O.# _____