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| **Family Cover Sheet**  **Center Based 2022-2023** | | |
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| EHS Head Start  Last, First Middle Name: |
|  |

Child Plus ID#:

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|  |
| Year: |
| Site and Room#: |
| **Application Date:**  (Date Parent/Guardian signed enrollment forms) |
| **Eligibility/Waitlist Date:**  (Date Enrollment Eligibility Team Member signed file) |
| **Acceptance Date:**  (Date participant was selected for service) |
| **Enrollment Date:**  (1st day of **actual** child attendance/Service) |
| **Dropped Date:**  (Day after last child attendance date) |
| **Participation Year:**  (Example: 1st, 2nd, or 3rd)  \* ERSEA will be re-verified before 3rd consecutive year in regular Head Start |