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

 Child Plus ID#:

|  |
| --- |
|  |
| 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  |