

**NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)
HEAD START/EARLY HEAD START PROGRAM**

**HEAD START/EARLY HEAD START
POLICY COUNCIL MEMBERS**

AREA: _____

TO: *Head Start/Early Head Start Policy Council*

Below you will find the names of our Parent Representative and Parent Alternate that were elected by the Parent Committee on

DATE

Please PRINT/*Letra en MOLDE por favor.*

PARENT REPRESENTATIVE

PARENT ALTERNATE

CENTER: _____

CENTER: _____

Name: _____	
Address: _____	
City: _____	Zip Code: _____
Phone: Home:() _____ Mobile:() _____	
Work:() _____ Other:() _____	
Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
T-Shirt Size: _____	
Occupation: _____	
Date of Birth: _____	
E-mail: _____	
Child(ren) currently enrolled in: <input type="checkbox"/> HS <input type="checkbox"/> EHS <input type="checkbox"/> HS/EHS	

Name: _____	
Address: _____	
City: _____	Zip Code: _____
Phone: Home:() _____ Mobile:() _____	
Work:() _____ Other:() _____	
Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
T-Shirt Size: _____	
Occupation: _____	
Date of Birth: _____	
E-mail: _____	
Child(ren) currently enrolled in: <input type="checkbox"/> HS <input type="checkbox"/> EHS <input type="checkbox"/> HS/EHS	

Area Manager/EHS Coordinator

Keep yellow copy for your records
(2 part NCR paper)

NOTE:
Please attach a Head Start/Early Head Start
Policy Council Member & Parent Committee
Officers Information Sheet for each Policy
Council Member.

Fam. Serv. 2018