



KIDS CENTRAL, INC

This is a confidential form used to arrange an appointment to apply for services at Kids Central Inc. Your privacy is very important to us therefore, the information you share with us on this form will only be used for Head Start purposes. After completing this form, a KCI family advocate will be in touch with you to obtain required information and arrange a meeting to complete an application.

Thank you for your interest in Kids Central, Inc.!

Your Name:

Your Child's Name:

Child's Date of Birth:

Your Current Physical Address:

Your Current Mailing Address:

Best Contact Telephone Number:

Second Contact Telephone Number:

Email:

I am interested in (Check one or more of the following):

Early Head Start (Pregnant mothers to age 3)

Home Base Early Head Start (Pregnant mothers to age 3)

Head Start Center (Ages 3 to 5)

Home Base Head Start Center (Ages 3 to 5)