

Re-Enrollment Form

Child's Name	Birthdate	Parent/Guardian Name	Current Class/Area
Complete living address		Complete mailing address (if different)	
<input type="checkbox"/> This is a change of address and needs updated in ChildPlus			

Please re-enroll my child in:

_____ Program Year

- Early Head Start I would like for my child to be in (specific class and session) _____
- 3-5 Head Start I would like for my child to be in (specific class and session) _____
- My child will be 5 by September 1st, but will not be attending school because _____

Parent/Guardian Signature _____ **Date** _____

5/20

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