

**TCCAP Early Head Start / Head Start** Date \_\_\_\_\_

Serving children and families in  
Crow Wing, Morrison, and Todd Counties  
888-441-7215



Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Referred By: \_\_\_\_\_

**Teaching Children, Supporting Families**