

Last Home Visit Recruitment Assistance

Enrolled Child's Name: \_\_\_\_\_

Center **B L M P S** Classroom: \_\_\_\_\_

DEAR PARENT:

Please share names with us of other families who might benefit from Early Head Start or Head Start services!

1. Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

Phone Number(s): \_\_\_\_\_  
Cell Work Home or Message

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

Phone Number(s): \_\_\_\_\_  
Cell Work Home or Message

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

Phone Number(s): \_\_\_\_\_  
Cell Work Home or Message

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

Phone Number(s): \_\_\_\_\_  
Cell Work Home or Message

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

Phone Number(s): \_\_\_\_\_  
Cell Work Home or Message

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City

Phone Number(s): \_\_\_\_\_  
Cell Work Home or Message

Children's Names and Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TEACHER: This form is to be returned to Rusti McBride at Admin.