



**Pocono Services for Families & Children**

**Monroe County Head Start**

**Pre-Registration Form**



**Date:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Print Name of Parent or Guardian:** \_\_\_\_\_

**Print Name of Child(ren):** \_\_\_\_\_

**Child(ren)'s Birth Date(s):** \_\_\_\_\_

**Parent or Guardian's Address:** \_\_\_\_\_

\_\_\_\_\_

**School District:** \_\_\_\_\_

**Monthly Household Income:** \_\_\_\_\_

**Please specify any special needs, current IEPs, or second language learners:**

\_\_\_\_\_

**How did you hear of this program?** \_\_\_\_\_

**Please Send Pre-Registration Form to:**

Pocono Services for Families & Children

212 West 4th Street

East Stroudsburg, PA 18301