



2009-2010 PROGRAM MEMBERSHIP APPLICATION

Please complete both sides and return with dues.

PROGRAM NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____ **FAX:** _____

WEBSITE: _____

PROGRAM DIRECTOR: _____ **EMAIL:** _____

Director listserv enrollment*: Directors Health Nutrition Mental Health/Disabilities Child Development
 Early Head Start Family/Community Partnerships Transportation Administrative Support

*All members are automatically added to the General NCHSA Listserv. To opt out of this listserv, please check here:

EXECUTIVE DIRECTOR: _____ **EMAIL:** _____

Executive Director listserv enrollment*: Executive Directors Directors Health Nutrition
 Mental Health/Disabilities Child Development Early Head Start Family/Community Partnerships
 Transportation Administrative Support

*All members are automatically added to the General NCHSA Listserv. To opt out of this listserv, please check here:

MANAGEMENT (Content Area Specialists) STAFF CONTACT:

NAME	POSTION	EMAIL	Listserv Enrollment
			<input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Mental Health/Disabilities <input type="checkbox"/> Child Development <input type="checkbox"/> Early Head Start <input type="checkbox"/> Family/Community Partnerships <input type="checkbox"/> Transportation <input type="checkbox"/> Administrative Support *All members are automatically added to the General NCHSA Listserv. To opt out of this listserv, please check here: <input type="checkbox"/>
			<input type="checkbox"/> Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Mental Health/Disabilities <input type="checkbox"/> Child Development <input type="checkbox"/> Early Head Start <input type="checkbox"/> Family/Community Partnerships <input type="checkbox"/> Transportation <input type="checkbox"/> Administrative Support *All members are automatically added to the General NCHSA Listserv. To opt out of this listserv, please check here: <input type="checkbox"/>
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To add additional managers, please copy and attach pages as needed. *Please complete program data on reverse side.*

FEDERAL FUNDED ENROLLMENT: HS: ____ EHS: ____ Migrant: ____ Tribal: ____

MORE AT FOUR ENROLLMENT: *Dual (Head Start/More at Four) Enrolled:* ____ *More at Four ONLY:* ____

SITE INFORMATION:

COUNTY	CITY	SITE NAME	SITE ADDRESS	OPTIONS (check all that apply)
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> Summer <input type="checkbox"/> Accepts Child Care Vouchers <input type="checkbox"/> Transportation Available <input type="checkbox"/> Preschool Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> More at Four <input type="checkbox"/> Bi-lingual Staff on-site <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> Summer <input type="checkbox"/> Accepts Child Care Vouchers <input type="checkbox"/> Transportation Available <input type="checkbox"/> Preschool Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> More at Four <input type="checkbox"/> Bi-lingual Staff on-site <input type="checkbox"/> Other: _____
				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> Summer <input type="checkbox"/> Accepts Child Care Vouchers <input type="checkbox"/> Transportation Available <input type="checkbox"/> Preschool Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> More at Four <input type="checkbox"/> Bi-lingual Staff on-site <input type="checkbox"/> Other: _____
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				<input type="checkbox"/> Full Day <input type="checkbox"/> Part Day <input type="checkbox"/> Summer <input type="checkbox"/> Accepts Child Care Vouchers <input type="checkbox"/> Transportation Available <input type="checkbox"/> Preschool Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> More at Four <input type="checkbox"/> Bi-lingual Staff on-site <input type="checkbox"/> Other: _____
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Attach additional pages, if needed.

Information will be used to ensure the appropriate staff members receive pertinent information from NCHSA, and to update the program contact information on the NCHSA website. In addition, contact information is compiled and distributed to NC Head Start programs and partnering agencies, as requested. Contact us with your suggestions and feedback:

Patricia Colón, NCHSA President: pcolon@wagesnc.org
Mary Campbell, NCHSA Membership Committee Chair: campbell4ecccmhs@charter.net
Michele Bare, Executive Director: mbare@nheadstart.org

Thank you for supporting NCHSA!