



RETURN THIS APPLICATION TO:

Western Dairyland EOC Head Start
P.O. Box 125
Independence, WI 54747

Website: www.westerndairyland.org

Email: wdhs@westerndairyland.org

**HOW TO APPLY FOR
HEAD START**

Call or Write:

Call 715-985-2391 ext 252 or
1-800-782-1063 ext 252 with
the information or mail this
application to us.

In Person:

Take this application with in-
come and age documents to a
Head Start Center or the central
office at Western Dairyland,
23140 Whitehall
Road, Independence, WI.

Head Start use only

Program year: _____

Site: _____

Carry-over: Yes ____ No ____

C: _____

Child's name: _____ Male ____ Female ____

Parent/Guardian: _____

Street & mailing address: _____

City: _____ Zip: _____ County: _____

Home phone: _____ Email: _____

Or leave a message at: _____

Day care currently attending: _____

School district child resides in: _____

Child's birth date: _____ Age as of Sept. 1st: _____

Number of people living in your household: _____ Adults _____ Children

Person preparing form: _____ Date: _____