

**INTEREST CARD**

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TODAY'S DATE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE

APT.

CHILD'S BIRTHDAY \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE

WORK PHONE #/EX. \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

STATE

ZIP CODE

WORK PHONE #/EX. \_\_\_\_\_

SITE: MOSHOLU \_ ROCHAMBEAU \_ NORWOOD \_ COOP \_ NORTHSIDE \_

PROGRAM: HEAD START \_ DAY CARE \_ UPK \_

DO YOU RECEIVE: Public Assistance \_ Food Stamps \_ Child Support \_ Medicaid \_

FAMILY SIZE \_\_\_\_\_

FAMILY INCOME \_\_\_\_\_