MID-DELTA HEAD START
PERSONAL INFORMATION DATA SHEET

Name:
SEX: (Circle One) Male Female Date of birth:
Center: Teacher:

(Please shade as services are completed) (Please complete section as needed)
1st Height and Weight Date of enrollment to Head Start Program
Dental Date dropped from Head Start Program
Hearing and Vision Returning to Head Start Program
Speech and Developmental Screenings Entering Kindergarten

2nd Height and Weight

MDCS (6/07) HS-10
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