MID-DELTA HEAD START
CENTER MONTHLY REPORT

___________________________________________
DATE: MONTH/YEAR

1. Total # children enrolled: ______ #Male ______ #Female ______

2. Total # children: #Added ______ #Dropped ______

3. Total # children by race: #Black ______ #White ______
   #Hispanic ______ #Other ______

4. Total # children income eligible: ______ Above income: ______

5. Total # families served: _____ # Receiving public assistance: _____

6. Head of household: #Married ______ #Single female ______
   #Single male ______ #Grandparents ______
   #Foster parents ______ #Other ______

7. Total operation days: ______ #Children present _____
   #ADA _____

8. Total # home visits/contacts: ______ (Attach tracking form)

9. Total # children eligible for meals:
   #Free ______ #Reduced ______ #Paid ______

COMMENTS:
_________________________________________________________
_________________________________________________________
_________________________________________________________

Prepared By: ____________________  Reviewed By: ____________________
Date: _______________  Date: _______________

MDCS (7/00)  HS-14