

ANOKA COUNTY COMMUNITY ACTION PROGRAM, INC.

Anoka/Washington County Head Start-Early Head Start Program

9574 Foley Blvd. Coon Rapids, MN 55433 • Phone (763) 783-4300 • TTY (763) 783-4724 • Fax (763) 783-4333



CLASSROOM/HOMEBASE TRANSFER REQUEST FORM

Please note: This form <u>must</u> be completed before any transfer will be considered.

		Date Submitted
Child's Name	Birthdate	Current Center
Parent Name	Phone Number	
Reason for Transfer Request:		
** <u>Please note</u> : EHS children/families paperwork prior to their 3 rd birthday.	s that will be transitioning to HS	teed. Transfers are based on availability. services must have completed all transition t must transfer/enroll oldest children first.
Are you able to transport (DRIVE) Did you move to a new address:		□ No
Transfer Request - Please select	the program option, location	and time you are requesting:
☐ I would like to transfer from m	y classroom to Home Base	
		3:30PM 1:00PM-4:30PM
I would like to transfer to a FU *No transportation provided to *Must be working or going to Coon Rapids: 8:00AM-2:00PM Cedar: 9:00AM-3:00PM Crayon Box: 9:30AM-3:30PM Oakdale: 8:30AM-2:30PM Newport: 8:30AM-2:30PM 9:0	for FDFY classes* school or categorical eligible and 8:30AM-2:30PM 9:00AM-3:00PM	m (circle 1 st choice): nd documentation must be provided* M 9:30AM-3:30PM 10:00AM-4:00PM
If this box, is checked below (Head Star	t staff will forward to Health Coordi	nator):
□ Does your child have any health	concerns or special needs that n	nay affect him/her during school? Yes/No
(If yes, Child Care Plan needed)		
Please explain health concern/needs:		
		forms to Enrollment

https://accaporg.sharepoint.com/depts/headstart/Recruitment and Enrollment/Forms - ERSEA/Classroom Transfer Request/Classroom Transfer Request Form.doc