

ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM

PARENT CONTACT SCHEDULE – FACS – 2020 - 2021

STAFF NAME(S): _____

DATE	Father/ Father Figure Present	TIME	PARENT AND CHILD'S NAME Site/School	PHONE NUMBER	ADDRESS OF HOME VISIT (HV) Site/School (S) Circle one	KEPT (K) RESCHEDULED (RS) Circle one
	Y / N				HV _____ S	K RS
	Y / N				HV _____ S	K RS
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