

Big Sandy Area Head Start Community Partnership

Agency Name: _____ Telephone # _____

Agency Mailing Address: _____ Date: _____

Agency Location: _____

The undersigned partner agrees to work with The Big Sandy Head Start Program for the betterment of children and families.

Please check the type of assistance provided to Head Start children and / or families.

_____ Child Care Assistance

_____ Household Items

_____ Classroom Supplies

_____ Library Resources

_____ Clothing

_____ Medical Assistance

_____ Coats for kids

_____ Meeting Supplies

_____ Educational Training

_____ Parenting Skills Training

_____ Field Trips

_____ Child Activities

_____ Food / Nutrition

_____ Pre- Natal Care

_____ Health Advisory

_____ Transportation

_____ Heat and Utilities Assistance

_____ Space for meetings

_____ Other, please list: _____

Comments or Descriptions: _____

_____ Agency Representative Signature / Title

_____ Head Start Director / Supervisor