

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Event/Location: \_\_\_\_\_



**EMPLOYEE REFERRAL FORM**

YES, I WOULD LIKE TO BE INFORMED ABOUT PROGRAMS AT SHASTA HEAD START/EARLY HEAD START:

SI, ME GUSTARIA SER INFORMADO SOBRE PROGRAMAS EN SHASTA HEAD START/EARLY HEAD START

**Parent or Guardian's Name/Nombre:** \_\_\_\_\_

**Address/Domicilio:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing/Correo** (if different/si es diferente):  
\_\_\_\_\_  
**Zip:** \_\_\_\_\_

**Phone #/Teléfono #:** \_\_\_\_\_

**Email/Dirección de Correo Electrónico:** \_\_\_\_\_

----- ( SHS Staff only below this line ) -----

**Referring Staff Name:** \_\_\_\_\_



*strong start in life*

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**Referring Staff Name/Center:** \_\_\_\_\_



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