



Semcac Head Start  
PO Box 549  
Rushford, Minnesota 55971  
Phone (507) 864-7741 ♦ Fax 507-864-2440 ♦ Toll Free (886) 254-6540

Please contact me to complete an application for my child:

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, MN Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ May we text you?  Yes  No

Email Address \_\_\_\_\_

Office Use Only

Information Obtained From:

Public Health  ECFE/ECSE  Human Services  Other \_\_\_\_\_