Master Enrollment List

Fiscal Year:		Month:		Licensed Capacity:	

	Last Name	First Name	Date of Birth	Attended	Date of Termination	Date of IES Determination	Reimbursement Eligibility Category			Title XX	Head Start	Civil Rights Info	
							Free	Reduced	Paid			Ethnicity	Race
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
			Totals:										

Certification: The children indicated above are currently enrolled participants in the Head Start Program.

Authorized Head Start Representative Signature: _____ Date:_____ PAGE NUMBER: _____