



**Broome County Head Start  
Recruitment Form  
5 West State Street Binghamton, New York 13901  
Phone: (607) 772-6810      www.ofbonline.org**

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Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

If accepted, would child be picked up and dropped off at home address?    Yes    No

If No, what is the pick-up and drop off address? \_\_\_\_\_

Which center(s) would you be interested in? (Circle Choice)

Endicott

Harpursville

Palmer

Whitney Point

If you needed to, could you provide transportation?    Yes    No

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about the program? \_\_\_\_\_

\*\*\*\*For the application, we will need to see the child's Birth Certificate and family's income for the past year\*\*\*\*

Date Received: \_\_\_\_\_ Completed By: \_\_\_\_\_

Please return completed form to Roxanne Settle at [rsettle@ofbonline.org](mailto:rsettle@ofbonline.org) or mail to the above address.

**Head Start is a service of Opportunities for Broome, Inc.**

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