

Early Head Start Referral Form

Pathfinder Kids Kampus will contact your family with more information about Early Head Start services and may assist you in completing an application.

Parent(s) Name

Mailing Address

Phone Numbers

Home: _____

Cell: _____

Children in home ages newborn—age 3

Child's Name _____ *Birthdate* _____

Child's Name _____ *Birthdate* _____

Child's Name _____ *Birthdate* _____

Please complete and return to Natalie Brautigam at Pathfinder Kids Kampus at nbrautig@pathfinderservices.org or to:

Pathfinder Kids Kampus
435 Campus Street
Huntington, IN 46750