Connecticut Office of **Early Childhood**

OEC State Head Start Programs Contact List

Please use this form to submit **ALL** changes at the time they occur.
Send completed form immediately to Jennifer.Jones@ct.gov

CONTRACTOR/GRANTEE	DELEGATE (If applicable)
Name:	**Name:**
Address:	**Address:**
Contact Person:	**Delegate Contact Person:**
Phone:	**Phone:**
E-mail:	**E-mail:**

Form Completed by: _____   E-mail: _____   Date: _____

PROGRAM INFORMATION:

Please include information for **ALL** sites serving children that receive State Head Start funds.
Please copy page two and 3 as many times as necessary to complete information for all sites.

Program/Site Official (licensed) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	

Site Official (<u>licensed</u>) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	

Site Official (<u>licensed</u>) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	

Site Official (<u>licensed</u>) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	

Site Official (**licensed**) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		E-mail:		
NAEYC Accreditation Program ID #	Valid Until Date	License #	Early Childhood Professional Registry ID #	

Site Official (**licensed**) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		E-mail:		
NAEYC Accreditation Program ID #	Valid Until Date	License #	Early Childhood Professional Registry ID #	

Site Official (**licensed**) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		E-mail:		
NAEYC Accreditation Program ID #	Valid Until Date	License #	Early Childhood Professional Registry ID #	

Site Official (<u>licensed</u>) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	

Site Official (<u>licensed</u>) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	

Site Official (<u>licensed</u>) name in the Registry (See GP A-03):				
Site Address, City, Zip:				
Site Contact Person:				
Contact Person Phone:		**E-mail:**		
NAEYC Accreditation Program ID #	**Valid Until Date**	**License #**	**Early Childhood Professional Registry ID #**	