

RCCDC ERSEA Committee
Enrollment Waiver Documentation

RCCDC Center _____ Date _____

Child's PID # _____ DOB _____ Child's age (Head Start Age) _____

Child's Score: _____ % PG: _____

Reason for waiver request (Explain details or concerns for the child, family, classroom, etc.)

Number of children above this child on the wait list: _____

Number of children above this child with a RX Disability: _____

Number of children above this child with: _____ SSI, _____ Foster, _____ Homelessness

Number of slots/openings to be filled: _____

Center Director Signature

Date

ERSEA Committee action

Approved

Not Approved

Other _____

ERSEA Committee Signature

Date