



**APPLICATION OF INTEREST**  
**Maryland Rural Development Corp. Head Start**  
**P.O. Box 4848**  
**Annapolis, Md. 21403**

Child's Name \_\_\_\_\_ [ ] Male [ ] Female

Child's Birth date \_\_\_\_\_ Age as of September 1<sup>st</sup> \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Street & mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Or leave a message at \_\_\_\_\_

Daycare or program currently attending \_\_\_\_\_

Number of people living in your household \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Person preparing form \_\_\_\_\_ Date \_\_\_\_\_

**Please contact the Head Start coordinator in your county to find out where to submit this form.**

**Harford County** Marisol Rodriguez [mrodriguez@mrdc.net](mailto:mrodriguez@mrdc.net)

**Cecil County** Niesha Jones [njones@mrdc.net](mailto:njones@mrdc.net)

**Caroline County** Shawan Burke [sburke@mrdc.net](mailto:sburke@mrdc.net)

Are you a parent of a current child in our program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in volunteering? Yes \_\_\_\_\_ No \_\_\_\_\_

Click to read our volunteer policy Click to learn about the ways you can volunteer

Contact person for volunteer purposes

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Or leave a message at \_\_\_\_\_