

**NEIGHBORS IN NEED OF SERVICES, INC. (NINOS)  
HEAD START/EARLY HEAD START PROGRAM**

**PARENT COMMITTEE OFFICERS**

**CENTER:** \_\_\_\_\_

Please PRINT/*Letra en MOLDE por favor.*

***PRESIDENT***

Name:	
Address:	
City:	Zip Code:
Phone:	
Home:(    ) _____ Mobile:(    ) _____	
Work:(    ) _____ Other:(    ) _____	
Email:	
Date Elected by Parents:	

***VICE-PRESIDENT***

Name:	
Address:	
City:	Zip Code:
Phone:	
Home:(    ) _____ Mobile:(    ) _____	
Work:(    ) _____ Other:(    ) _____	
Email:	
Date Elected by Parents:	

***SECRETARY***

Name:	
Address:	
City:	Zip Code:
Phone:	
Home:(    ) _____ Mobile:(    ) _____	
Work:(    ) _____ Other:(    ) _____	
Email:	
Date Elected by Parents:	

***TREASURER***

Name:	
Address:	
City:	Zip Code:
Phone:	
Home:(    ) _____ Mobile:(    ) _____	
Work:(    ) _____ Other:(    ) _____	
Email:	
Date Elected by Parents:	

\_\_\_\_\_  
**Parent Committee President**

\_\_\_\_\_  
**Parent Committee Secretary**

\_\_\_\_\_  
**Area Manager/EHS Coordinator**

**NOTE:**

Attach **HS/EHS Policy Council Member &  
Parent Committee Officers Information  
Sheet** for each Parent Committee Officer.