



St. Charles Parish Early Childhood Community Network Coordinated Application

Application

STUDENT INFORMATION										
CHILD'S NAME	First Name Middle Initial Last Name						Age			
DATE OF BIRTH	____/____/____			SSN	____-____-____			GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Information	Primary Parent/Guardian Name: _____ Secondary Parent/Guardian Name: _____									
PHONE NUMBERS	_____-____-____ _____-____-____									
PHYSICAL ADDRESS	Street									
	City					State		Zip		
MAILING ADDRESS	Street									
	City					State		Zip		
PERSON CHILD RESIDES WITH	_____			RELATIONSHIP TO CHILD		_____				
Does child receive Special Education Services?(IEP)					Does child receive Early Intervention Services? (IFSP)					
YES		NO			YES		NO			
Does child have a suspected disability?					Has child been referred for Psychological services?					
YES		NO			YES		NO			
If YES, what is the concern?					If YES, what is the concern?					

FAMILY INCOME INFORMATION				
Number of Adults in the home →		Number of Adults Contributing to Income →		Number of Children →
			<input type="checkbox"/> Approved for USDA/CACFP Eligibility Determination	
Adult Name		Employer Name		Total Income
Total Family Income				

Main Language Spoken in the home: ☐ English ☐ Spanish ☐ Other _____
(Specify)



Eligibility

Ranking a program 1st or 2nd DOES NOT guarantee enrollment. Enrollment can be limited by factors which include availability of seats and/or preferences for siblings/residential area.

CHILD'S NAME	First Name	Middle Initial	Last Name
<i>Please rank the programs below in order of preference. Put a "1" for your first choice, "2" for your second choice, etc. Only rank programs for which you are eligible.</i>			
RANKING	PROGRAM	AGES SERVED	TYPE
	Angels Among Us	6 weeks – 4 years	Child Care/CCAP
	Boutte Christian Academy	1 – 4 years	NSECD/CCAP
	Children's Book of Knowledge	1 – 4 years	NSECD/CCAP
	Four Stars Child Care Center	6 weeks – 4 years	NSECD/CCAP
	Kidz Academy	6 weeks – 4 years	Child Care/CCAP
	Kidz at Work of Destrehan, LLC	6 weeks – 4 years	Child Care/CCAP
	Noah's Ark II	6 weeks – 4 years	Child Care/CCAP
	Mimi's Lil Schoolhouse	6 weeks – 4 years	Child Care/CCAP
	River Bend Preschool	15 months – 4 years	Child Care/CCAP
	Small World Daycare and Learning Center	1 – 4 years	Child Care/CCAP
	St. Charles Parish Schools Early Head Start Program	Birth – 2 ½ years	Public School
	St. Charles Parish Schools Head Start and other Preschool Programs	3 – 4 years	Public School

Please list any sibling(s) below who currently attends any program(s) above:

Program	Siblings

Please list any sibling(s) below who is applying to any of the programs above:

Program	Siblings

I, the undersigned, understand that sharing the information I have provided in this application across early childhood programs in my community will facilitate matching my child to a program, and I hereby give permission for the information provided here to be shared with the programs in the St. Charles Parish Early Childhood Community Network.

Print Name of Parent/Guardian:

Date:

Parent/Guardian Signature:

Date:


HEAD START SUPPLEMENT

ONLY answer these questions if you are applying to Early Head Start, Head Start, or any other Preschool Program in the St. Charles Parish Public Schools.

CHILD'S NAME	First Name		Middle Initial	Last Name	
Race/Ethnicity (Mark only one)	White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> Pacific/Islander/Hawaiian <input type="checkbox"/> Unspecified <input type="checkbox"/>				
Teen Parent	YES	NO	Homeless in the last year		YES NO
Primary Parent/Guardian Name: _____ Phone: _____ Secondary Parent/Guardian Name: _____ Phone: _____					
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Family type	__ Two parent family __ Single parent family (mother only) __ Single parent family (father figure only) __ Grandparent __ Foster family __ Other: _____				
Primary Parent/Guardian Occupational Status (check only one)	Paying Job: __ Full Time (more than 34 hrs per week) __ Part Time __ Seasonal/non Agricultural __ Seasonal - Agricultural __ Employed and in school		In School Full Time and Employed Part Time: __ Towards high school diploma/GED __ Towards trade/business qualification __ Towards college degree __ Other __ Employed and in school		Employed Full Time and In School Part Time __ Towards high school diploma/GED __ Towards trade/business qualification __ Towards college degree __ Other __ Employed and in school
	Other: __ In job training program __ Homemaker __ Unable to work due to disability __ Retired __ Unemployed		Highest level of education (check only one) __ Some K-12 school (no diploma) __ Associate's degree __ High School/GED __ Bachelor's degree __ Some College (no degree) __ Master's degree __ Certification __ Doctorate degree		
The following documentation must accompany this application to be considered complete.					
Birth Certificate/ Proof of Custody	Insurance/ Medicaid Card	Copy of SS Card	Immunization Records	Proof of Residency (2 different Utility bills or 1 bill and a lease in parent/guardian's name)	
Income Verification (Provide at least one of the following below) __ 3 Pay Stubs __ Written Employer Statement/Rate of Pay __ 1040/W-2 Form __ Public Assistance					
If you receive any of the following, you must also submit documentation in order for your application to be complete.					
__ Unemployment __ SSI/Disability Documentation __ Documentation of No Income __ Alimony/Child Support __ SNAP __ Workman's Comp __ Unemployment					

Statement of Applicant:

I hereby certify all the above information is true and correct. I understand that this information is being given in connection with the receipt of public funds. The program may verify information and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal status.

Parent/Guardian's Signature: _____ Date: _____