



East Carroll Parish Early Childhood Community Network

Coordinated Application



Eligibility

STUDENT INFORMATION					
CHILD'S NAME					
	First Name	MI	Last Name # 1		Last Name # 2
DATE OF BIRTH	___/___/___		SSN	___-___-___	
			GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
AGE		PHONE NUMBERS	_____-_____-_____-_____-_____-_____-		EMAIL
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 Speech Services? (IEP)		
YES		NO		YES	
NO		NO		NO	
Does child receive Early Intervention Services? (IFSP)			Has child been referred by Psychological services?		
YES		NO		YES	
NO		NO		NO	
Does child have a suspected disability?			If YES, what is the disability?		
YES		NO			
NO		NO			

FAMILY INCOME INFORMATION					
Number of Adults		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					



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

CHILD'S NAME				
	First Name	MI	Last Name # 1	Last Name # 2
<i>Please rank the programs below in order of preference. Put a "1" for your first choice, "2" for your second choice, and so on. Only rank programs for which you are eligible.</i>				
RANKING	PROGRAM			TYPE
	Delta Early Head Start - East Carroll			Head Start
	Delta Head Start - East Carroll			Head Start
	Southside Elementary Pre-K Program			School
	Wee Learners' Day Care			Child Care

Child's Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____



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If child has any siblings currently attending any program above, please list below:

Program	Siblings

If child has any siblings currently applying to any program above, please list below:

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 seat, and I hereby give permission for the information provided here to be shared with the programs in the East Carroll Community Network.

Print Name of Parent/Guardian: _____ **Date of Birth:** _____

Parent/Guardian Signature _____ **Date** _____



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HEAD START SUPPLEMENT

THIS PAGE IS ONLY REQUIRED IF HEAD START IS 1ST OR 2ND CHOICE.

Answer these questions ONLY if you are applying to Head Start.

Teen Parent	YES	NO	Homeless in the last year		YES	NO
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	Person's role in household		<input type="checkbox"/> Mother/Mother Figure	
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced			<input type="checkbox"/> Father/Father Figure	
	<input type="checkbox"/> Widowed		<input type="checkbox"/> Household member			
			<input type="checkbox"/> Resides outside the home			
Family type	__ Two parent family		One parent family __(mother figure only)		One parent family __(father figure only)	
	__ Foster family		__ Other: _____			
Primary Occupational Status (check only one)	Paying Job:		In School Full Time and Employed Part Time:		Employed Full Time and In School Part Time	
	__ Full Time (more than 34 hrs per week)		__ Towards high school diploma/GED		__ Towards high school diploma/GED	
	__ Part Time		__ Towards trade/business qualification		__ Towards trade/business qualification	
	__ Seasonal – non- Agricultural		__ Towards college degree		__ Towards college degree	
	__ Seasonal - Agricultural		__ Other		__ Other	
	__ Employed and in school		__ In school and employed		__ Employed and in school	
	Other:		Highest level of education (check only one)			
	__ In job training program		__ No school completed		__ Associate degree	
	__ Homemaker					
	__ Unable to work due to disability		__ Some K-12 school (no diploma)		__ Bachelor's degree	
	__ Retired		__ High School graduate/GED		__ Master's degree	
	__ Unemployed		__ Some college (no degree)		__ Doctorate degree	
Was child referred to Head Start?			If YES, by whom:			
YES	NO	Public School System	Community Agency	Other: _____		
Income Verification: Staff Only						
__ Individual Tax Form		__ W-2 Form		__ Pay Stubs		__ Written Employer Statement
__ Public Assistance		__ Unemployment		__ Documentation of No Income		
__ Other: _____				Staff Signature: _____		