

**ST. BERNARD PARISH PUBLIC SCHOOLS**  
**FOUR-YEAR-OLD PRESCHOOL PROGRAM APPLICATION**  
**2025-2026**

The St. Bernard Parish Public School system provides a Preschool Program to service all eligible four-year olds. Preschool classes are located on the St. Bernard Parish Public School sites. The classes follow the Louisiana Birth to Five Early Learning and Development Standards (ELDS) and are taught by certified teachers who are assisted by trained paraprofessionals.

Initial registration for the 2025-2026 school year will begin Tuesday, April 1, 2025 **by appointment only**. Please call the preschool office for available days during the months of April, May, June and July. Registrations will take place during the hours of 8:30 am -2:00 pm. Only one legal parent/guardian will be allowed at the appointment, with the exception of a translator. **NO CHILDREN MAY ACCOMPANY THE PARENT/ GUARDIAN TO THE APPOINTMENT.** All applicants must turn four years of age by September 30, 2025 and must be a current legal resident of St. Bernard Parish. The application **MUST BE** submitted in person, by the legal parent/guardian of the child.

**Registrants will need to obtain a registration packet from the preschool office prior to the appointment.** All paperwork must be completed and all required documentation must accompany the packet. **Only applications which are complete AND have ALL required documentation will be considered for placement (unless extenuating circumstances exist).** All documents must be the originals. As preschool students are assigned to classes, please be aware and understand that attendance zones, school day time frames, and grant requirements for the preschoolers may be different than those for students in grades K-5 and different from other preschoolers in our parish. We will continue to offer transportation options to preschoolers within the assigned school district. All students are accepted regardless of income as long as all necessary paperwork is completed. Teacher request are not accepted for Pre-K as students are placed according to grant guidelines.

**All applications and required documents will be accepted at:**

St. Bernard Parish-Joseph Davies Elementary School

(for the Preschool Office enter on left side of building)

4101 Mistrot Street, Meraux, LA 70075

Phone: (504)267-3310

If you need any assistance completing this application or have any questions, please contact the Preschool Staff at (504) 267-3310.

In addition to the completed attached application, the following original documents are **REQUIRED** for registration (we will make copies of all originals):

|                                    |  |  |
|------------------------------------|--|--|
| <b><u>GENERAL REQUIREMENTS</u></b> | <b><u>PROOF OF INCOME</u></b> for <b><u>ALL</u></b> Household Members (18 years of age and up) | <b><u>PROOF OF ALL THAT APPLY</u></b> to <b><u>any</u></b> household member residing at the same address |
|------------------------------------|--|--|

|   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Child's Original Birth Certificate</li> <li>• Child's social security card (optional)</li> <li>• Child's up-to-date immunization record</li> <li>• Custody papers- (certified copy of Judgement ONLY), if applicable</li> <li>• Evaluation of child (if applicable)</li> </ul>   | <ul style="list-style-type: none"> <li>• Three most <b>recent</b> check stubs for each job and individual working <ul style="list-style-type: none"> <li>○ must be within last two months</li> <li>○ must show adult name, pay period, hours worked, and hourly rate of pay</li> </ul> </li> <li>• If check stubs do not apply, then an official letter from the employer is needed. <ul style="list-style-type: none"> <li>○ must state where adult is employed, hourly rate of pay, and average of hours worked per week</li> <li>○ must be signed by the employer.</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>• Verification of alimony or child support (court orders)</li> <li>• Verification of social security benefits (award letter)</li> <li>• Verification of unemployment benefits</li> <li>• Verification of workers' compensation</li> <li>• Verification of food stamps (<b>household print out with names of recipients listed, expiration date and amount received</b>)</li> <li>• Letter of financial support from individual(s) providing support</li> </ul> |
| <b><u>PROOF OF RESIDENCE</u></b>  |  |   |
| <p><b><i>If you are a Home Owner</i></b></p> <ul style="list-style-type: none"> <li>• Copy of Homestead Exemption notification</li> <li>• Original, current electric bill indicating the point of service</li> </ul> <p><b><u>And</u></b> 3 of the following 5 documents:</p> <ul style="list-style-type: none"> <li>• Original Bill of Sale</li> <li>• Original, current water bill indicating the point of service</li> <li>• Parent(s)/ Legal Guardian(s) Original, current Louisiana Driver's License w/ St. Bernard Address (Louisiana ID is not acceptable)</li> <li>• Original, current Medicaid/Medicare eligibility letter with address</li> <li>• Original, current gas bill indicating the point of service</li> </ul> | <p><b><i>Living with Someone Who is a Home Owner</i></b></p> <ul style="list-style-type: none"> <li>• The Home Owner's Homestead Exemption notification</li> <li>• A letter from the Home Owner stating the Parent(s)/Legal Guardian(s) and child(ren) reside with the Home Owner</li> <li>• The Home Owner's Original current electric bill indicating the point of service</li> </ul> <p><b><u>And</u></b> 3 of the following 5 documents:</p> <ul style="list-style-type: none"> <li>• The Home Owner's Original Bill of Sale</li> <li>• The Home Owner's Original, current water bill indicating the point of service</li> <li>• Parent(s)/Legal Guardian(s) Original, current Louisiana Driver's License w/ St. Bernard Address (Louisiana ID is not acceptable)</li> <li>• The Home Owner's Original, current gas bill indicating the point of service</li> <li>• Original, current Medicaid/Medicare eligibility letter with address</li> </ul> |   |
| <p><b><i>If you are Renting</i></b></p> <ul style="list-style-type: none"> <li>• Original lease or rental agreement with the names of each person living at the residence listed on the agreement along with the landlord's name and phone number</li> <li>• Original, current electric bill indicating the point of service</li> </ul> <p><b><u>And</u></b> 3 of the following 4 documents:</p> <ul style="list-style-type: none"> <li>• Original, current water bill indicating the point of service</li> <li>• Original, current Medicaid/Medicare eligibility letter with address</li> <li>• Original, current gas bill indicating the point of service</li> </ul>  | <p><b><i>If you are living with someone who is Renting</i></b></p> <ul style="list-style-type: none"> <li>• The Renter's Original lease or rental agreement with the names of each person living at the residence listed on the agreement along with the landlord's name and phone number</li> <li>• The Renter's Original, current electric bill indicating the point of service</li> </ul> <p><b><u>And</u></b> 3 of the following 4 documents:</p> <ul style="list-style-type: none"> <li>• The Renter's Original, current water bill indicating the point of service</li> <li>• Parent(s)/Legal Guardian(s) Original, current Louisiana Driver's License w/ St. Bernard Address (Louisiana ID is not acceptable)</li> <li>• Original, current Medicaid/Medicare eligibility letter with address</li> <li>• The Renter's Original, current gas bill indicating the point of service</li> </ul>  |   |

Office Use Only

Name \_\_\_\_\_  
Date \_\_\_\_\_

**St. Bernard Parish Pre-School Application 2025-2026**  
(Child must be 4 years of age by September 30, 2025)

Read carefully before beginning. Fill in all blanks by printing information and using ink. Only complete if you are the parent or legal guardian. If something does not apply, write NA in the blank provided. Only completed applications with all supporting documents will be considered for placement.

| SECTION 1: CHILD'S INFORMATION                    |  |
|---|--|
| <b>Child's Name:</b><br>(as on birth certificate) |  |

| LAST  |  | FIRST  | MIDDLE                   |
|---|--|--|--------------------------|
| Date of Birth:  |  | Social Security #:   |                          |
| Ethnicity (check one):  | _____Hispanic    _____Non-Hispanic   | Gender (check one):  | _____MALE    _____FEMALE |
| Race<br>(check all that apply)  | _____American Indian/Alaskan Native<br>_____Asian    _____Black    _____White<br>_____Native Hawaiian/Pacific Islander | Language Spoken by Child:  |                          |
| Child's Physical Address: (NO P.O. Boxes)   |  | Child's Mailing Address: (if different)  |                          |
| <div>Address</div> <div>City                      State                      Zip</div>                            |  | <div>Address</div> <div>City                      State                      Zip</div>   |                          |
| Was your child in any type of Early Head Start or Head Start program before entering the SBPSB preschool program? |  | _____YES    If yes, check all that apply:<br>_____NO    _____Early Head Start (birth-3)    _____Head Start |                          |
| HEALTH/DISABILITY INFORMATION (answer the following questions)  |  |  |                          |
| Does your child have medical insurance?   | YES NO   | Name of Insurance:   |                          |
| Is this Medicaid?   | YES NO   |  |                          |
| Does your child see a pediatrician?   | YES NO   | Name of Pediatrician:  |                          |
| Does your child see a dentist?  | YES NO   | Name of Dentist:   |                          |
| Does your child have a disability, special need, or risk factor (physical, medical, speech, etc.)                 | YES NO   | If yes, explain:   |                          |
| Has your child been formally evaluated?   | YES NO   | If yes, by whom:   |                          |
| Before the age of 3, did your child receive service through Early Steps?  | YES NO   |  |                          |
| SECTION 2: PARENT'S INFORMATION (AS LISTED ON BIRTH CERTIFICATE)  |  |  |                          |
| FATHER  |  | MOTHER   |                          |

|   |   |
|---|---|
| Name: _____<br><div> <div>LAST</div> <div>FIRST</div> <div>MI</div> </div>                        | Name: _____<br><div> <div>LAST</div> <div>FIRST</div> <div>MI</div> </div>  |
| Date of Birth: _____ Highest Grade Completed: _____   | Date of Birth: _____ Highest Grade Completed: _____   |
| Veteran or Active Member of U.S. Military: ____ YES ____ NO<br>If yes, what military branch _____ | Veteran or Active Member of U.S. Military: ____ YES ____ NO<br>If yes, what military branch _____   |
| Cell Number: _____  | Cell Number: _____  |
| <b>Marital Status of Biological Parent(s): (check one)</b>  | <div> <div>____ Married to each other</div> <div>____ Married but separated</div> <div>____ Widowed</div> <div>____ Single at birth of child</div> <div>____ Single but living together</div> <div>____ Divorced</div> </div>   |
| <b>Who does the child live with? (check one)</b>  | <div> <div>____ Both Parents</div> <div>____ Mother only</div> <div>____ Father Only</div> <div>____ Mother &amp; Stepfather</div> <div>____ Father &amp; Stepmother</div> <div>____ Grandparent(s)</div> <div>____ Foster Parent(s)</div> <div>____ Other</div> </div> |
| <b>Who has legal custody of child? (must provide custody paperwork)</b>                           | Name(s): _____  |
| <b>GUARDIAN INFORMATION: (if child is not with biological parent(s))</b>                          |   |
| Name: _____<br><div> <div>LAST</div> <div>FIRST</div> <div>MI</div> </div>                        | Relationship to child: _____  |
| Address: _____<br><div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> </div> | Phone Number: _____   |
| <b>EMERGENCY CONTACT: (other than parent or guardian)</b>   |   |
| Name: _____ Relationship to child: _____ Phone Number: _____                                      |   |

**SECTION 3: HOUSEHOLD COMPOSITION AND EMPLOYMENT****List each adult living in the household (for adults 18 & older who are working verification of employment must be submitted)**

| Name of Adult (first and last) | Age | Relationship to the child | Presently working |    | Presently attending school |    | State occupation or school attending | How often paid |
|--------------------------------|-----|---------------------------|-------------------|----|----------------------------|----|--------------------------------------|----------------|
|                                |     |                           | YES               | NO | YES                        | NO |                                      |                |
|                                |     |                           | YES               | NO | YES                        | NO |                                      |                |
|                                |     |                           | YES               | NO | YES                        | NO |                                      |                |
|                                |     |                           | YES               | NO | YES                        | NO |                                      |                |
|                                |     |                           | YES               | NO | YES                        | NO |                                      |                |

**List each child living in the household including the applicant (include everyone under the age of 18)**

| Name of Child (first and last) | Age | Relationship to the child |
|--------------------------------|-----|---------------------------|
|                                |     |                           |
|                                |     |                           |
|                                |     |                           |
|                                |     |                           |
|                                |     |                           |

**SECTION 4: OTHER INCOME/SOCIAL SERVICES (complete all that are received by any person living in the household; verification must be submitted)**

| Source of Income             | Receives (yes or no) | Applied for (yes or no) | Person who applied/receives | Amount Received | How Often |
|------------------------------|----------------------|-------------------------|-----------------------------|-----------------|-----------|
| Unemployment/ Worker's Comp. |                      |                         |                             |                 |           |
| Child Support                |                      |                         |                             |                 |           |
| FITAP/TANF                   |                      |                         |                             |                 |           |
| SSI                          |                      |                         |                             |                 |           |
| SSA                          |                      |                         |                             |                 |           |
| SNAP                         |                      |                         |                             |                 |           |
| WIC                          |                      |                         |                             |                 |           |

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Other (please list) |  |  |  |  |  |
|---------------------|--|--|--|--|--|

**AGREEMENT OF APPLICANT**

I have carefully examined my child’s application and certify that all information given is true and factual. Any false information given could delay placement of applicant into the program.

I understand that part of the application process involves a developmental screening of my child. I give permission for my child to be screened. Upon completion of this screening, the test administrator will explain my child’s performance to me. I further understand that a mental health screening will also be conducted.

Parent involvement is a critical component of all the St. Bernard Parish Preschool Programs and is essential to the level of educational success of any child. I understand that upon acceptance of my child into a preschool program, I will be expected to be regular in attendance, volunteer in, participate in, and support the preschool program to the greatest extent possible (including but not limited to the completion of medical and dental forms for my child and scheduled home visits, if required).

\_\_\_\_\_  
**Signature of Custodial Parent/Guardian**

\_\_\_\_\_  
**Date**

**Custodial Parent/Guardian Email Address:** \_\_\_\_\_

**FOR OFFICE USE ONLY**  
(Staff Verification of Household Information)

**Number in Household** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

| PROGRAM    | ELIGIBLE | PROGRAM | ELIGIBLE |
|------------|----------|---------|----------|
| HEAD START |          | TITLE I |          |
| LA4        |          | EEF     |          |
|            |          | 8(g)    |          |

