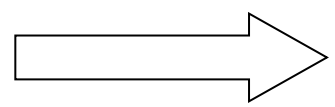


Beauregard Early Childhood Network

Coordinated Application

ONE- Eligibility

STUDENT INFORMATION						
CHILD'S NAME						
	First Name		MI	Last Name		Race
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 WITH WHOM CHILD RESIDES				RELATIONSHIP TO CHILD		
Does child receive Special Education Services?(IEP)			Does child receive Speech Services? (IEP)			
YES		NO		YES		No
Does child receive Early Intervention Services? (IFSP)			Has child been referred by Psychological services?			
YES		NO		YES		NO
Does child have a suspected disability?			If YES, what is the disability?			
YES		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						



Beauregard Early Childhood Network

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TWO — Application

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
	BeauCARE Head Start			Head Start
	Beauregard Parish Schools PreK			Public School
	Bright Beginnings Early Learning			Child Care
	Building Blocks Child Care			Child Care
	Mother Goose Day Care and Learning Center			Child Care

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

Program	Siblings

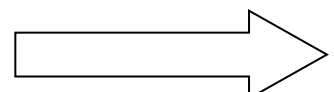
If child has any siblings currently applying to any program above, please list below:

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 Beauregard Early Childhood Network.

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

Parent/Guardian Signature _____ **Date** _____



Beauregard Early Childhood Network

Coordinated Application

THREE - 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.

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you a teen parent ___ YES ___ NO		Active or Retired Military ___ YES ___ NO
Homeless in the last year ___ YES ___ NO		Parent Previously in Head Start ___ YES ___ NO
___ Two parent family ___ One parent family (mother figure only) ___ One parent family (father figure only) ___ Foster family ___ Guardian with Provisional Custody ___ Other _____		
Paying Job: ___ Full Time (more than 34 hrs. per week) ___ Part Time ___ In school	Services Received ___ SNAP ___ SSI ___ WIC ___ Child Support ___ TANF	Preferred Language ___ English ___ Spanish ___ Other _____
Other: ___ In job training program ___ Homemaker ___ Unable to work due to disability ___ Retired ___ Unemployed	Highest level of education (check only one)	
	___ No school completed ___ Some K-12 school (no diploma) ___ High School Graduate/GED ___ Some college (no degree)	___ Associate degree ___ Bachelor's degree ___ Master's degree ___ Doctorate degree
FAMILY SIZE (Family size is to be determined by including all persons living in the household who are supported by the income of the child's parents or guardian)		
List all family members of family living in the home	Relationship to child	Date of Birth
Please list additional family members on the next page if needed.		

