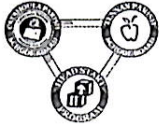


Catahoula-Tensas Parish Early Childhood Programs Coordinated Enrollment Application

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		NO	
Does child receive Early Intervention Services? (IFSP)			Has child been referred by Psychological services?		
YES		NO		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					



Catahoula-Tensas Parish Early Childhood Programs Coordinated Enrollment 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	
CATAHOULA PARISH				
	Catahoula Head Start		Head Start	
	Jonesville Elementary Pre-K		Public School	
	Sicily Island Elementary Pre-K		Public School	
TENSAS PARISH				
	Newellton Elementary		Public School	
	Tensas Elementary Pre-K		Public School	
	Tensas Head Start		Head Start	

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

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:

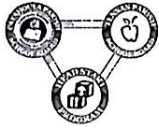
Program	Siblings

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 Morehouse Community Network.

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

Parent/Guardian Signature _____ **Date** _____

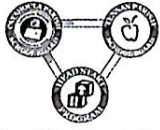
THIS PAGE IS ONLY REQUIRED IF HEAD START IS 1ST OR 2ND CHOICE.



Catahoula-Tensas Parish Early Childhood Programs Coordinated Enrollment Application

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"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Person's role in household		<input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household member <input type="checkbox"/> Resides outside the home	
Family type	__ Two parent family __ Foster family		One parent family __ (mother figure only) __ Other: _____		One parent family __ (father figure only)	
Primary 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 __ In school and employed		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)			
			__ 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
Was child referred to Head Start?			If YES, by whom:			
YES	NO		Public School System	Community Agency	Other: _____	



Catahoula-Tensas Parish Early Childhood Programs Coordinated Enrollment Application

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: _____

Enrollment Documentation: Staff Only

Birth Certificate
 Proof of Income
 Proof of Guardianship (if not parent)
 Insurance Card
 S.S. Card
 Updated Shot Record

Head start

Dental Exam Screening
 Kid-Med Physical and Developmental Screening

Returning Head start:

Updated Shot Record
 Proof of Income
 Physical & Developmental Screening