

Concordia Parish Early Childhood Programs

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	
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		2 Pay Stubs	
Total Family Income					

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.

Concordia Parish Early Childhood Programs

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
CONCORDIA PARISH				
	Concordia Head Start Clayton & Vidalia			Head Start
	E. A. Davis Learning Center			Childcare
	Ferriday Lower Elementary Pre-K			Public School
	Kid's Station			Childcare
	Monterey High School			Public School
	Vidalia Lower Elementary			Public School

Child's Race: <input type="radio"/> African American <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> 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 Concordia Community Network.

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

Parent/Guardian Signature _____ **Date** _____

Concordia Parish Early Childhood Programs

THIS PAGE IS ONLY REQUIRED IF PUBLIC SCHOOL OR 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"/> 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:		In School Full Time and Employed Part Time:		Employed Full Time and In School Part Time	
	___ Full Time (more than 34 hrs per week) ___ Part Time ___ Seasonal – non- Agricultural ___ Seasonal - Agricultural ___ Employed and in school		___ Towards high school diploma/GED ___ Towards trade/business qualification ___ Towards college degree ___ Other ___ In school and employed		___ 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)			
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(2)		___ Written Employer Statement
___ Public Assistance		___ Unemployment		___ Documentation of No Income		
___ Other: _____			Staff Signature: _____			