

TRANSPORTATION:

____ Car

____ Bus

FOR OFFICE USE ONLY:

Date form received _____

By: _____

WASHINGTON PARISH NETWORK COORDINATED APPLICATION

School Name: _____

Child's Name: _____ Grade _____

First

MI.

Last

Date of Birth: ____/____/____ SS: _____ Age: _____ Birth State: _____

Ethnicity (circle): White | Black | Hispanic | Asian | Native American/Alaskan Native | Hawaiian/Pacific Islander Male/Female

Mother: _____ Father: _____

*Including Maiden Name

Phone: _____ Email: _____

Physical Address: _____

Street

City, State, ZIP

Mailing Address: _____

Street

City, State, ZIP

Person child resides with*: _____

Name

*Relationship (if different from parent, legal documentation required)

Emergency Contact: _____

Name

Phone#

Relationship

Does student receive:

____ Special Education or Speech Services (IEP)

____ Early Intervention Services (IFSP)

____ Psychological Services

____ Other or Suspected disability

If yes, please describe: _____

Previous School: _____

Name

City, State

Health concerns: _____

Required Documents for ALL Students:

____ Birth Certificate

____ Social Security Card

____ Immunization Record

____ LA Driver's License or State Issued ID

____ (2) Proof of residence (electricity, water, gas bill, or land-line phone bill)

Additional Documents for Pre-K Students:

____ Verification of income (2 Consecutive pay stubs for each working adult in household) or financial assistance letter (SNAP)

**Other forms of income verification can be accepted, including W-2 Forms.

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FAMILY INCOME INFORMATION

Number of Adults	Number of Adults Contributing to Income	List Name & Ages of Children in Household (can continue on back)
Adult Name	Employer Name	Total Monthly Income
TOTAL FAMILY INCOME		

PROGRAM RANKING

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: _____

Please rank the programs below in order of preference. Place a "1" beside your 1 st choice, "2" beside your 2 nd choice, and so on. Only rank programs for which you are eligible.		
RANKING	PROGRAM	TYPE
	Washington Parish School System	Public School
	Franklinton Head Start and Early Head Start	Head Start
	Building Blocks Kids Academy	Child Care
	Children of Promise, LLC.	Child Care
	Eager Scholars Early Learning Center	Child Care
	Eager Scholars @ Wesley Ray	Child Care
	Franklinton Child Enrichment Center	Child Care
	Jacob's Ladder II	Child Care
	Pride and Hope Ministry	Child Care
	Thomas Early Learning Center	Child Care

Childcare Centers offer before/after school care, as well as summer and holiday care.

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 Washington Parish Early Childhood Community Network.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

PRE-K STUDENTS ONLY