

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: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ 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 (504)

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Previous School: \_\_\_\_\_  
Name City, State

Health concerns: \_\_\_\_\_

**Required Documents for ALL Students:**  
 Birth Certificate  
 Social Security Card  
 Immunization Record  
 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\*)  
 Driver's License/State I.D.

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**FAMILY INCOME INFORMATION**

Number of Adults	Number of Adults Contributing to Income	Number & Ages of Children
Adult Name	Employer Name	Total Income
<b>TOTAL FAMILY INCOME</b>		

**PROGRAM RANKING**

Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> **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 <sup>st</sup> choice, "2" beside your 2 <sup>nd</sup> 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 Kid's Academy	Child Care
	Jacob's Ladder II	Child Care
	Pride and Hope Ministry	Child Care
	Franklinton Child Enrichment Center	Child Care
	Children of Promise, LLC	Child Care
	Children of Promise II, LLC	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: \_\_\_\_\_