

# SOUTH WEBSTER PARISH PRESCHOOLS



## Webster/Claiborne Early Childhood Community Network Coordinated Enrollment (1) Eligibility Form

STUDENT INFORMATION				
<b>CHILD'S NAME</b>	First Name	MI	Last Name	
<b>DATE OF BIRTH</b>	/ /	SSN	<b>GENDER</b>	Male Female
<b>AGE</b>	<b>PHONE NUMBERS</b>	<b>EMAIL</b>		
<b>PHYSICAL ADDRESS</b>	Street			
	City	State	Zip	
<b>MAILING ADDRESS</b>	Street			
	City	State	Zip	
<b>PERSON CHILD RESIDES WITH</b>	<b>RELATIONSHIP TO CHILD</b>			

FAMILY INCOME INFORMATION		
Number of Adults <input style="width: 50px;" type="text"/>	Number of Adults Contributing to Income <input style="width: 50px;" type="text"/>	Number of Children <input style="width: 50px;" type="text"/>
<b>Adult Name</b>	<b>Employer Name</b>	<b>Total Income</b>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
<b>Total Family Income</b>		\$ _____

This is an eligibility form only and does NOT guarantee acceptance into any early childhood program.

**Webster/Claiborne Early Childhood Community Network Coordinated Enrollment  
(2) Application Form- Minden Area**

Please note---Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> DOES NOT guarantee enrollment.

<b>CHILD'S NAME</b>			
	First Name	MI	Last Name
<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.</i>			
<b>RANKING</b>	<b>PROGRAM</b>		<b>TYPE</b>
_____	Central Elementary		Public School
_____	Doyline High		Public School
_____	First Impressions		Child Care
_____			
_____	Mae Mae's Munchkins		Child Care
_____	Mother Goose Land		HeadStart
_____	Webster Preschool at Phillips		Public School
_____	Saint Rest Day Care		Child Care
_____	Stepping Stones Early Learning		Child Care

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

Program	Siblings
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

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

Program	Siblings
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that falsifying information such as family income, number of children, number of household members or relationship may result in the rejection of this application.

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 Webster/Claiborne Early Childhood Community Network.

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# CLAIBORNE PARISH PRESCHOOLS



## Webster/Claiborne Early Childhood Community Network Coordinated Enrollment (1) Eligibility Form

STUDENT INFORMATION					
<b>CHILD'S NAME</b>					
	First Name	MI	Last Name		
<b>DATE OF BIRTH</b>	/ /		<b>SSN</b>		<b>GENDER</b>
				Male	Female
<b>AGE</b>		<b>PHONE NUMBERS</b>			<b>EMAIL</b>
<b>PHYSICAL ADDRESS</b>	Street				
	City		State	Zip	
<b>MAILING ADDRESS</b>	Street				
	City		State	Zip	
<b>PERSON CHILD RESIDES WITH</b>			<b>RELATIONSHIP TO CHILD</b>		

FAMILY INCOME INFORMATION			
<b>NUMBER OF ADULTS</b>	[ ]	<b>NUMBER OF ADULTS CONTRIBUTING TO INCOME</b>	[ ]
<b>NUMBER OF CHILDREN</b>			
<b>Adult Name</b>	<b>Employer Name</b>	<b>Total Income</b>	
1. _____	1. _____	1. _____	
2. _____	2. _____	2. _____	
3. _____	3. _____	3. _____	
<b>Total Family Income</b>		\$ _____	

This is an eligibility form only and does NOT guarantee acceptance into any early childhood program.

**Webster/Claiborne Early Childhood Community Network Coordinated Enrollment  
(2) Application Form- Homer Area**

Please note—Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> DOES NOT guarantee enrollment.

CHILD'S NAME			
	First Name	MI	Last Name
Please rank the programs below in order of preference. Put a "1" for your first choice, "2" for your second choice, and so on.			
RANKING	PROGRAM		TYPE
_____	ABC HeadStart in Homer		HeadStart
_____	123 HeadStart in Haynesville		HeadStart
_____	Haynesville Elementary		Public School
_____	Homer Childhood Learning Center		Child Care
_____	Homer Elementary		Public School
_____	Summerfield High		Public School

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

Program	Siblings
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

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

Program	Siblings
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that falsifying information such as family income, number of children, number of household members or relationship may result in the rejection of this application.

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 Webster/Claiborne Early Childhood Community Network.

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# NORTH WEBSTER PARISH PRESCHOOLS



## Webster/Claiborne Early Childhood Community Network Coordinated Enrollment (1) Eligibility Form

STUDENT INFORMATION				
<b>CHILD'S NAME</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	First Name	MI	Last Name	
<b>DATE OF BIRTH</b>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>AGE</b>	<b>PHONE NUMBERS</b>	<b>EMAIL</b>		
<b>PHYSICAL ADDRESS</b>	Street			
	City	State	Zip	
<b>MAILING ADDRESS</b>	Street			
	City	State	Zip	
<b>PERSON CHILD RESIDES WITH</b>	<b>RELATIONSHIP TO CHILD</b>			

FAMILY INCOME INFORMATION		
<b>Number of Adults</b> <input style="width: 40%;" type="text"/>	<b>Number of Adults Contributing to Income</b> <input style="width: 40%;" type="text"/>	<b>Number of Children</b> <input style="width: 40%;" type="text"/>
<b>Adult Name</b>	<b>Employer Name</b>	<b>Total Income</b>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
<b>Total Family Income</b>		\$ _____

This is an eligibility form only and does NOT guarantee acceptance into any early childhood program.

**Webster/Claiborne Early Childhood Community Network Coordinated Enrollment  
(2) Application Form- Springhill Area**

Please note---Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> DOES NOT guarantee enrollment.

CHILD'S NAME			
	First Name	MI	Last Name
<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.</i>			
<b>RANKING</b>	<b>PROGRAM</b>		<b>TYPE</b>
_____	Browning Elementary		Public School
_____	Care-A-Lot		Child Care
_____	Humpty Dumpty		HeadStart
_____	Jack and Jill		HeadStart
_____	Jack-N-Jill		Child Care
_____	North Webster Lower Elementary		Public School

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

Program	Siblings
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

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

Program	Siblings
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that falsifying information such as family income, number of children, number of household members or relationship may result in the rejection of this application.

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 Webster/Claiborne Early Childhood Community Network.

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_