

EVANGELINE

Early Childhood



Coordinated Application

ONE - Eligibility

STUDENT INFORMATION

CHILD'S NAME					
	First Name	MI	Last Name	Race	

DATE OF BIRTH	___ / ___ / ___	SSN	___ - ___ - ___	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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AGE		PHONE NUMBERS	___ - ___ - ___	EMAIL	
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PHYSICAL ADDRESS	Street				
	City		State	Zip	

MAILING ADDRESS	Street				
	City		State	Zip	

PERSON CHILD RESIDES WITH		RELATIONSHIP TO CHILD	
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Does child receive Special Education Services? (IEP)		Does child receive Special 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 INFORMATION

Number of Adults		Number of Adults Contributing to Income		Number of children		<input type="checkbox"/>
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Children in household: Name	Children in Household: Name	Children in Household: Name

Total Number of people in household: _____	_____
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TWO - 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	
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.				
RANKING	PROGRAM			TYPE
	ECAA Headstart			Headstart
	EPSB Preschool 1: _____ EPSB Preschool 2: _____			Public School
	Bright Beginnings Daycare			Child Care - Ville Platte
	Little Giraffe's Learn & Grow Daycare			Child Care - Ville Platte
	Just for Kids #3			Child Care - Mamou

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

Program	Siblings

If child has any siblings currently applying for 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 seat, and I hereby give permission for the information provided here to be shared with the programs in Evangeline Parish.

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

Parent/Guardian Signature _____ Date: _____