

EVANGELINE

Early Childhood



Coordinated Application

ONE - Eligibility

STUDENT INFORMATION

CHILD'S NAME				
	First Name	MI	Last Name	

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)
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YES	NO	YES	NO
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Does child receive Early Intervention Services? (IFSP)	Has child been referred by Psychological Services?
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YES	NO	YES	NO
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Does child have a suspected disability?	If YES, what is the disability?
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YES	NO	
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FAMILY INCOME INFORMATION

Number of Adults		Number of Adults Contributing to Income		Number of children		<input type="checkbox"/> Approved for USDA/CACFP Eligibility Determination
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Adult Name	Employer Name	Total Income

Total Number of people in household: _____	# _____
Total Family Income: _____	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.

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 Day Care	Child Care - Ville Platte
	Just for Kids #3	Child Care - Ville Platte
	LaBrie's Child Daycare	Child Care-Ville Platte
	Little Giraffes Learn & Grow	Child Care - Mamou

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

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: _____