



Iberia Parish Early Childhood Community Network Coordinated Enrollment Application



PLEASE USE **BLUE** OR **BLACK** INK ONLY

CHILD INFORMATION

| | | | | |
|--|---------------|---------------|---------------|--|
| <u>Full Name:</u> <small>As It Appears on Birth Certificate</small> | <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Age on Sept. 30th</i> |
| <u>Date of Birth:</u> | <i>Month</i> | <i>Day</i> | <i>Year</i> | <i>Male Female</i> <i>Gender</i> |
| <u>Child lives with:</u> <small>Check All That Apply</small> | <i>Mother</i> | <i>Father</i> | <i>Both</i> | <i>Other (specify)</i> |

PARENT/GUARDIAN INFORMATION #1

| | | | |
|--------------------------|---------------|--------------|------------------------------|
| <u>Full Name:</u> | <i>Last</i> | <i>First</i> | <i>Relationship to Child</i> |
| <u>Physical Address:</u> | <i>Street</i> | <i>City</i> | <i>Zip Code</i> |
| <u>Mailing Address:</u> | <i>Street</i> | <i>City</i> | <i>Zip Code</i> |
| <u>Phone Numbers:</u> | <i>Home</i> | <i>Cell</i> | <i>Work</i> |
| <u>e-mail Address:</u> | | | |

PARENT/GUARDIAN INFORMATION #2

| | | | |
|--------------------------|---------------|--------------|------------------------------|
| <u>Full Name:</u> | <i>Last</i> | <i>First</i> | <i>Relationship to Child</i> |
| <u>Physical Address:</u> | <i>Street</i> | <i>City</i> | <i>Zip Code</i> |
| <u>Mailing Address:</u> | <i>Street</i> | <i>City</i> | <i>Zip Code</i> |
| <u>Phone Numbers:</u> | <i>Home</i> | <i>Cell</i> | <i>Work</i> |
| <u>e-mail Address:</u> | | | |

Matching Based on Preference

List programs in order of **YOUR** preference.

- For Child Care → list the name of the center.
- For Early Head Start → list Early Head Start & the site location (Jeanerette, New Iberia, Second Street).
- For Head Start → list Head Start & the site location (Jeanerette, New Iberia, Second Street).
- For Public Pre-K → list Public Pre-K & the school that you are zoned for.

Choice #1: _____

Choice #2: _____

Choice #3: _____

Signature (Adult MUST Sign)

I, the undersigned, confirm that the information provided on this form is true and correct. I 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 Iberia Parish Early Childhood Community Network.

Parent/Guardian Signature: _____ Date _____

DO NOT COMPLETE – FOR NETWORK USE ONLY

I confirm that the information provided on this form has been reviewed and verified. I understand that I may be audited for accuracy and eligibility.

Birth Certificate Verified: _____ Proof of Residence Verified: _____ School Zone: _____

Person Verifying Application: _____ Date: _____

