



St. Charles Parish Early Childhood Community Network Coordinated Application

Directions: Please complete all sections of the application and submit it to your first choice center/program of interest. Eligibility is based on age, residential area, and income. Centers/programs will be available to assist you as needed in the application process.

Section 1: STUDENT INFORMATION					
CHILD'S NAME	First Name	Middle Initial	Last Name		Age
DATE OF BIRTH	___/___/___	SSN	___-___-___	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant: Parent/Guardian Information	Primary Parent/Guardian Name: _____ Secondary Parent/Guardian Name: _____				
PHONE NUMBERS	_____ - _____ - _____				
PHYSICAL ADDRESS	Street				
	City	State	Zip		
MAILING ADDRESS	Street				
	City	State	Zip		
PERSON(S) WITH WHOM THE CHILD RESIDES	_____	RELATIONSHIP TO CHILD	_____		
Main language spoken in the home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____					
Does child receive Special Education Services, IEP? If yes, please provide a copy of IEP.			Does child receive Early Intervention Services, IFSP? If yes, please provide a copy of IFSP.		
YES	NO		YES	NO	
Does child have a suspected disability?			Has child been referred for counseling services?		
YES	NO		YES	NO	
If yes, what is the concern?			If yes, what is the concern?		
Section 2 : FAMILY INCOME INFORMATION					
Number of Adults Contributing to Income (List their names in the box below.)	→	Number of Children	→	Total number of family members in the home	→
					<input type="checkbox"/> Approved for USDA/CACFP Eligibility Determination
Adult Name	Employer Name			Total Income (Please indicate if pay is weekly, bi-weekly, twice a month or monthly)	
Total Family Income					

St. Charles Parish Early Childhood Community Network provides enrollment opportunities to eligible families regardless of race, sex, creed, national origin, and disability. The application process is confidential.



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Directions: Please rank the centers/programs below for which you are interested in the order of preference. Put a "1" for your first choice, "2" for your second choice. Ranking a program 1st or 2nd DOES NOT guarantee enrollment. For assistance in completing the application, please contact the centers/programs of interest.

Section 3: Selection of Center of Interest			
CHILD'S NAME	First Name	Middle Initial	Last Name
<p>Free Tuition Programs</p> <ul style="list-style-type: none"> Non-Public School Early Childhood Development Program (NSECD) – provides low-income families the opportunity to send their children to state-approved private preschools and childcare centers for no tuition charge to the parent(s). Public School - free public education to students funded by various grants and local agencies. <p>Partial Tuition Programs</p> <ul style="list-style-type: none"> Childcare Assistance Program (CCAP) – provides low-income families the opportunity to send their children to state-approved private preschools and childcare centers for reduced tuition to the parent(s). <p>Type III Childcare Programs</p> <ul style="list-style-type: none"> Private Pay – parent(s) are responsible for paying the full tuition at the site. 			
RANKING	PROGRAM	AGES SERVED	TYPE
	Boutte Christian Academy (Boutte, LA) – [985-785-2456]	4 years	NSECD (Free)
	Boutte Christian Academy (Boutte, LA) – [985-785-2456]	1 – 4 years	CCAP & Private Pay
	Children’s Book of Knowledge (St. Rose, LA) - [504-467-9661]	4 years	NSECD (Free)
	Children’s Book of Knowledge (St. Rose, LA) - [504-467-9661]	1 – 4 years	CCAP & Private Pay
	Four Stars Childcare Center (Paradis, LA) - [985-758-2123]	4 years	NSECD (Free)
	Four Stars Childcare Center (Paradis, LA) - [985-758-2123]	6 weeks – 4 years	CCAP & Private Pay
	Kidz Academy (Luling, LA) - [985-308-1134]	6 weeks –4 years	CCAP & Private Pay
	Kidz at Work of Destrehan, LLC (Destrehan, LA) - [985-764-7700]	6 weeks – 4 years	CCAP & Private Pay
	Mimi’s Lil Schoolhouse (Luling, LA) - [985-785-0228]	6 weeks – 4 years	CCAP & Private Pay
	Small World Daycare and Learning Center (Destrehan, LA) – [985-764-3988]	1 – 4 years	CCAP & Private Pay
	We’re All-En Learning Center, LLC (Luling, LA) - [985-785-7582]	6 weeks – 4 years	CCAP & Private Pay
	St. Charles Parish Public Schools - [985-783-6617] (Placements are based on eligibility)	3 years	Head Start (Free)
	St. Charles Parish Public Schools - [985-783-6617/ 985-764-7535] (Placements are based on eligibility)	4 years	St. Charles Parish Public Schools and Head Start (Free)

Statement of Applicant:

I, the undersigned, understand that the information I provided in this application may be shared across programs to facilitate eligible early childhood placement. I hereby give permission for the information provided here to be shared with the programs in the St. Charles Parish Early Childhood Community Network.

Print Name of Parent/Guardian: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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SUPPLEMENTAL SECTION FOR SCPPS AND NSECD PROGRAMS ONLY

ONLY answer these questions if you are applying to a free tuition program (Boutte Christian Academy, Children's Book of Knowledge, Four Stars Childcare Center, St. Charles Parish Public Schools).

CHILD'S NAME	First Name	Middle Initial	Last Name
Race/Ethnicity (Mark only one)	White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Biracial/Multiracial <input type="checkbox"/> Pacific/Islander/Hawaiian <input type="checkbox"/> Unspecified <input type="checkbox"/>		
Teen Parent	YES	NO	Homeless in the last year
			YES
			NO
Primary Parent/Guardian Name: _____ Phone: _____ Secondary Parent/Guardian Name: _____ Phone: _____			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Family type	___ Two parent family ___ Single parent family (mother only) ___ Single parent family (father only) ___ Grandparent ___ Foster family ___ Other: _____		
Parent/Guardian #1 Occupational Status (check only one)	Paying Job:	In School Full Time and Employed Part Time:	Employed Full Time and In School Part Time:
	___ Full Time (more than 34 hrs per week) ___ Part Time ___ Seasonal/non Agricultural ___ Seasonal-Agricultural ___ Employed and in school	___ Towards high school diploma/GED ___ Towards trade/business Qualification ___ Towards college degree ___ Other ___ Employed and in school	___ Towards high school diploma/GED ___ Towards trade/business qualification ___ Towards college degree ___ Other ___ Employed and in school
	Other:	Highest level of education completed:	
	___ In job training program ___ Homemaker ___ Unable to work due to disability ___ Retired ___ Unemployed	___ Some K-12 school (no diploma) ___ High School/GED ___ Some College (no degree) ___ Certification	___ Associate's degree ___ Bachelor's degree ___ Master's degree ___ Doctorate degree
Parent/Guardian #2 Occupational Status (check only one)	Paying Job:	In School Full Time and Employed Part Time:	Employed Full Time and In School Part Time:
	___ Full Time (more than 34 hrs per week) ___ Part Time ___ Seasonal/non Agricultural ___ Seasonal-Agricultural ___ Employed and in school	___ Towards high school diploma/GED ___ Towards trade/business Qualification ___ Towards college degree ___ Other ___ Employed and in school	___ Towards high school diploma/GED ___ Towards trade/business qualification ___ Towards college degree ___ Other ___ Employed and in school
	Other:	Highest level of education completed:	
	___ In job training program ___ Homemaker ___ Unable to work due to disability ___ Retired ___ Unemployed	___ Some K-12 school (no diploma) ___ High School/GED ___ Some College (no degree) ___ Certification	___ Associate's degree ___ Bachelor's degree ___ Master's degree ___ Doctorate degree



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SUPPLEMENTAL SECTION FOR SCPPS AND NSECD PROGRAMS ONLY

The following documentation must accompany this application to be considered complete.

Birth Certificate/ Proof of Custody (original court orders)	Insurance/ Medicaid Card	Copy of Social Security Card	Immunization Records	Proof of Residency (2 different utility bills (electric, gas, or water only) or 1 bill and a lease in parent/guardian's name with student's name(s) listed)
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Income Verification (Provide at least one of the following below)

3 Pay Stubs (not including current month) Written Employer Statement/Rate of Pay 1040/W-2 Form Public Assistance

If you receive any of the following, you must also submit documentation in order for your application to be complete.

Unemployment SSI/Disability Documentation Documentation of No Income Alimony/Child Support
 SNAP TANF Workman's Compensation

Parent/guardian must bring a Louisiana driver's license or state-issued valid I.D. when registering the child.

Statement of Applicant:

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of public funds. The centers/programs may verify information. I understand that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal status.

Print Name of Parent/Guardian: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____