

Bossier Early Childhood Ready Start Network Application

SCHOOL YEAR: 2024-2025

Applications should be returned to: bossietwork@gmail.com

Child's Information

	First Name	MI	Last Name
Child's Name			
Date of Birth	/ /	Gender:	Age:
Child's Ethnicity (circle) White African American/Black Hispanic Asian Native American/Alaskan Native Hawaiian/Pacific Islander Two or more races			
Physical Address Where the Child Lives: Street Address:		City	State Zip
Mailing Address (if different from physical address)		City	State Zip
Full Legal Name of Person/Persons with Whom the Child Lives:			
#1.	First Name:	Middle Name:	Last Name:
#2.	First Name:	Middle Name:	Last Name:
Relationship to the child? (check one) <input type="checkbox"/> Both parents in same household <input type="checkbox"/> Primary parent and stepparent <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other: _____			
Parent / Legal Guardian Information			
First Name	MI	Last Name	Preferred method of contact: (circle one)
1.			Cell# work# home# email
Relationship to this child:			Cell phone number:
Email address:		Hm. #	Work #
First Name	MI	Last Name	Preferred method of contact: (circle one)
2.			Cell# work# home# email
Relationship to this child:			Cell phone number:
Email address:		Hm. #	Work #
Emergency Contacts if Parent/Guardian Above Cannot be Reached			
Persons first and last name		Phone	Relationship to the child
1.			
2.			
3.			

ADDITIONAL INFORMATION

Does Child Receive: _____ Special Education or Speech Services (IEP) _____ Early Intervention Services (IFSP)
 _____ Psychological Services _____ Other or Suspected Disability (504)

I give permission for my child to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity)

Name (First and Last)	Relationship to Child

Does your child have any food allergies?	yes	no	For office use only:
Does your child have any other allergies?	yes	no	
Does your child have any dietary restrictions?	yes	no	
Does your child have any special needs or health concerns?	yes	no	

Please explain any "yes" answer here:

Child's Previous Educational Experiences

Has your child ever attended another early childhood program? (circle one)	yes	no	Prefer not to answer
If yes, what is the full name of the program they attended?			Approximate dates attended
1			
2			
3			

PROGRAM OF CHOICE

Please indicate your first, second and third choices of which program type you are interested in your child attending

Type of Program	Mark preferences as 1st, 2nd, 3rd	Name of School, Head Start, or Center of Preference if Known
PreK at Public School (must be 4 by Sept. 30, 2024)		
Head Start or Early Head Start (3 and 4 years old)		
Early Head Start (Birth - 4 years)		
Early Learning Child Care Center (Birth - 4 years)		

If you are applying for any tuition assistance or tuition free programs through Bossier Early Childhood Ready Start, please complete page 3 of this application. If you are not applying for tuition assistance, then you may sign below.

This is an application only and does not guarantee acceptance into any early childhood program. Proof of income will be required for Public PreK, Head Start, and if applying for the Child Care Assistance Program. By signing below, you are giving BECRSN permission to share this application with the program choices designated above.

Printed Name of Parent/Guardian:

Parent/Guardian Signature: _____ **Date:** _____

If you are applying for any tuition assistance or tuition free programs through Bossier Early Childhood Ready Start, you must complete this page and provide all REQUIRED documentation. **If you are not applying for tuition assistance then you do not need to complete this page.

HOUSEHOLD INFORMATION

How many people under the age of 18 live in the household? _____

How many people aged 18 years or older live in the household? _____

***Each person above must be listed below to determine overall household size.**

List the names and birthdates for all CHILDREN UNDER THE AGE OF 18 living in the household. *Please note birth certificates will be needed for ALL children.

Child's FIRST Name	Child's LAST Name	Date of Birth	Foster Child (YES ,NO)
1.			
2.			
3.			
4.			
5.			

List Gross Income (Before any Deductions) for All Household Members (Net for Self-employed)

Use this key to document how often income is received:

W = Weekly E2 = Every 2 weeks 2M = Twice a month M = Monthly Y = Yearly

List the Names of ALL Adults Household Members other than Children listed above.	What is this person's relationship to child applicant?	Earnings from Work		SNAP, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Is this person attending school or a job training program?
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
<i>(Example) Jane Smith</i>		<i>\$200</i>	<i>W</i>	<i>\$150</i>	<i>2M</i>	<i>\$100</i>	<i>M</i>			<i>no</i>
1.										
2.										
3.										
4.										

Parents or guardians must provide pay stubs or proof of school attendance/job training (course schedule) for all adults in the household. If any adult does not have income, then a Statement of No Income must be completed for that person.

"I confirm that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of State and/or Federal funds, and that this program may verify (check) the information. I am aware that if I purposely give false information, the programs may lose future benefits, and I may be prosecuted under applicable State and Federal laws."

_____ X _____

PRINT Name of PARENT/GUIARDIAN

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY: Household size:	Total income reported:
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