Bossier Early Childhood Ready Start Network Application

SCHOOL YEAR: 2025-2026

Applications should be returned to: [bossiernetwork@gmail.com](mailto:bossiernetwork@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) Both parents in same household Primary parent and stepparent  Mother only Father only 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? |
| ***(Example) Jane Smith*** |  | ***$20 0*** | ***W*** | ***$15 0*** | ***2M*** | ***$100*** | ***M*** |  |  | **no** |
| 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

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY: Household size:** | **Total income reported:** |

PRINT Name of PARENT/GUIARDIAN Signature of Parent/Guardian Date