



Coordinated Application

Each student is only allowed one application per program. Duplicate application will not be accepted.

This is just the **initial application** and **DOES NOT guarantee** your child a seat in the location of choice. Additional application and enrollment information is required prior to acceptance. For more information, visit Natchitoches Parish Childhood Care and Education website: <http://teachingtomorrownow.com/>

For assistance completing the application, please call (318) 352-8389 or (318) 238-7505

PROGRAM SELECTION

Please rank your **TOP THREE** PROGRAM CHOICES. LIST IN RANK PREFERENCE **1ST ...2ND ...3RD**
(1 BEING THE HIGHEST RANK).

Ranking a program 1st or 2nd **DOES NOT** guarantee enrollment. Enrollment can be limited by factors including availability of seats and preference for siblings/residential area. Only rank programs for which your child is eligible.

<input type="checkbox"/> A to Z 1,2,3 Preschool and Learning Center	<input type="checkbox"/> Juz Us Childcare of Natchitoches	CHILDCARE CENTERS
<input type="checkbox"/> Bright Beginnings, Inc.	<input type="checkbox"/> Lil' Rascals Learning Center	
<input type="checkbox"/> Cobblestones Child Development center, LLC	<input type="checkbox"/> NSU Child Development Center	
<input type="checkbox"/> Fay's Daycare and Learning Center	<input type="checkbox"/> Tiny Tots Day Care and Pre-School	
<input type="checkbox"/> Fun time Palace Day Care	<input type="checkbox"/> Vaughn Early Learning Center	
<input type="checkbox"/> Fairview Alpha Elementary School	<input type="checkbox"/> Marthaville Elementary School	PUBLIC SCHOOLS <small>(NOTE: IF SELECTING A PUBLIC SCHOOL, CHILD MUST BE ZONED FOR THAT SCHOOL AREA)</small>
<input type="checkbox"/> Goldonna Elementary School	<input type="checkbox"/> Provencal Elementary School	
<input type="checkbox"/> L.P. Vaughn Elementary School		
<input type="checkbox"/> Breda Town Head Start	<input type="checkbox"/> Natchez Head Start	HEAD START CENTERS
<input type="checkbox"/> Campti Head Start	<input type="checkbox"/> NSU Head Start	
<input type="checkbox"/> Martin Luther King Head Start		



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STUDENT INFORMATION				
CHILD'S NAME				
	*First Name		MI	*Last Name
*DATE OF BIRTH (mm/dd/yyyy)		AGE		*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
*ETHNICITY Mark any/all with which the student identifies	<input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Multi-Ethnic			
PARENT'S NAME				
	*First Name		MI	*Last Name
*PHONE NUMBERS (must have 1 # on file)	Home		Work	Cell
*PHYSICAL ADDRESS	Street			
	City		State	Zip Code
	EMAIL ADDRESS <input type="checkbox"/> No Email			
INCOME	Do you receive SNAP/Food Stamps? <input type="checkbox"/> YES (must provide SNAP letter with child's name and valid effective date) <input type="checkbox"/> NO			
	Monthly Gross Income: _____ (may be asked to provide proof of income)			
*FAMILY SIZE		*Number of children in family (Age less than 18 years)		*Do you have other children ages infant up to 4 years old in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does child receive Special Education Services? (e.g.: speech services, psychological, early intervention services, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is the disability?		
Is your child in need of Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please specify:		
*HOME LANGUAGE SURVEY	First language learned by student: _____ First language used most often at home: _____ Language Student Uses Most Often: _____			
Does child have any siblings currently ATTENDING an Early Childhood program? <input type="checkbox"/> Yes (If yes, please list below) <input type="checkbox"/> NO				
SIBLINGS			PROGRAM	

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. I understand that falsifying information such as family income, number of children, number of household members, or relationship may result in rejection of this application.

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 a vacancy. I hereby give permission for the information provided here to be shared with the programs in the Natchitoches Parish Early Childhood Care and Education Network.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____