

Bienville Parish
Early Childhood Community Network

Children Ages Birth to Five

2017-2018 Coordinated Enrollment Application (Revised 3/28/17)

Child's Legal Full Name: _____

Mother's Legal Name (First & Last): _____

Address: _____

Father's Legal Name (First & Last): _____

Address: _____

Legal Guardian's Name(s) if not leaving with Parents: _____

Legal Guardian's Name Address: _____

Home Phone (Include Area Code): _____

Cell Phone (Include Area Code): _____

Mother/ Guardian's Annual Income: _____

Father/ Guardian's Annual Income: _____

List the number of adults in the family that live in the household who have an income. _____

List the Names and Income Amounts of Adults in the family that live in the household who have an income that are not the child's Parents or Legal Guardians.

How many children are in the family? _____

List the Name(s) and Age(s) or Date of Birth of the other children in the family.

Parent/Guardian's Signature: _____ Date: _____

School District/Parish that the child lives in: _____

Are you in any type of JOB TRAINING PROGRAM? _____ Yes _____ No

(If YES, explain): _____

Is the primary caregiver working towards Educational Advancement? _____ Yes _____ No

Is the family HOMELESS? _____ Yes _____ No

Is the primary caregiver DISABLED? _____ Yes _____ No

Family Type:

_____ Two Parent Family _____ Single Parent Family (mother only)

_____ Single Parent Family (father only) _____ Foster Family

_____ Other (explain): _____

What services/financial assistance is being received? (Check all that apply, include Case#)

_____ Child Support/Alimony _____ Kindship Care _____ Medicaid

_____ Supplemental Income _____ Unemployment Insurance _____ Food Stamps

_____ Mental Health Counseling _____ Public Assistance _____ WIC

CASE#: _____

Does your child have a Pupil Appraisal Evaluation and an IEP or IFSP for an IDENTIFIED DISABILITY? _____ Yes _____ No

Child's Birth Date and Age (format mm/dd/yyyy): _____

Child's Address: _____

Family Preference (Number your 1st and 2nd Choices by placing a 1 and a 2 in the boxes.)

- Bienville High School
- Castor High School
- Crawford Elementary
- Ringgold Elementary
- Saline High School
- Gibsland Head Start
- Ringgold Head Start
- Celia's Child Care
- Maggie's Day & Night Care
- Thumbs Up Learning Center

Parent/Guardian's Signature: _____ Date: _____