**Between 2 Rivers Network Coordinated Application**

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| **STUDENT INFORMATION** |
| **CHILD’S NAME** |  |  |  |  |
| **First Name** | **MI** | **Last Name # 1** | **Race** |
| **DATE OF BIRTH** | **\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_** | **SSN** | **\_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_** | **GENDER** |  **Male** **Female** |
| **AGE** |  | **PHONE NUMBERS** | **\_\_ \_\_ \_\_- \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_****\_\_ \_\_ \_\_- \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_** | **EMAIL** |  |
| **PHYSICAL ADDRESS** | **Street** |
| **City** | **State** | **Zip** |
| **MAILING ADDRESS** | **Street** |
| **City** | **State** | **Zip** |
| **Person CHILD Resides With** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **RELATIONSHIP TO CHILD** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Does child receive Special Education Services?(IEP)** | **Does child receive Speech Services? (IEP)** |
| **YES** | **NO** | **YES** | **NO** |
| **Does child receive Early Intervention Services? (IFSP)** | **Has child been referred by Psychological services?** |
| **YES** | **NO** | **YES** | **NO** |
| **Does child have a suspected disability?** | **If YES, what is the disability?** |
| **YES** | **NO** |  |

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| **FAMILY INCOME INFORMATION** |
| **Number of Adults** |  | **Number of Adults Contributing to Household Income** |  | **Number of Children** |  |  Approved for USDA/CACFP Eligibility Determination |
| **Adult Name** | **Employer Name** | **Total Income** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Family Income**  |  |

**Ranking a program 1st or 2nd DOES NOT guarantee enrollment. Enrollment may be limited by factors including availability of seats, preferences for siblings, residential area, etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S NAME** |  |  |  |  |
| **First Name** | **MI** | **Last Name # 1** | **Last Name # 2** |
| ***Please rank the programs below in order of preference. Put a “1” for your first choice,”2” for your second choice, and so on. Only rank programs for which you are eligible. Note: Schools may only be selected for the zone in which you live unless out-of-zone transfer request is submitted & approved.*** |
| **RANKING** | **PROGRAM** | **TYPE** |
|  | Head Start Oak Grove | Head Start |
|  | Epps High School | Public School |
|  | Forest High School | Public School |
|  | Oak Grove Elementary | Public School |
|  | Kilbourne High School | Public School |
| **Child’s Race: O African American O Caucasion O Hispanic O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 **If child has any siblings currently attending or applying to any program above, please list below:**

|  |  |
| --- | --- |
| **Program** | **Siblings** |
|  |  |
|  |  |
|  |  |

**Please use the back of this page if more space is needed.**

**Overall, how satisfied were you with the enrollment/registration process?**

**1 Not satisfied** (please explain below) **2 Somewhat satisfied** (please explain below)  **3 Very satisfied**

**Family Survey: Please provide feedback on the PreK enrollment/registration process for the West Carroll Network:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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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 seat, and I hereby give permission for the information provided here to be shared with the programs in the West Carroll Community Network.

**PRINT Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date\_\_\_\_\_\_\_\_\_\_**

**Between 2 Rivers Network Coordinated Application Head Start Supplement**

**This page is ONLY required if Head Start is 1st or 2nd choice.**

**Answer these questions ONLY if you are applying to Head Start.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Teen Parent** | **YES** | **NO** | **Homeless in the last year** | **YES** | **NO** |
| **Marital Status** |  **Single Separated** **Married Divorced** **Widowed** | **Person’s role in household** |  **Mother/Mother Figure**  **Father/Father Figure**  **Household member** **Resides outside the home** |
| **Family type** | **\_\_Two parent family** | **One parent family****\_\_(mother figure only)** | **One parent family****\_\_(father figure only)** |
| **\_\_Foster family** | **\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Primary 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) | \_\_Towards high school  diploma/GED | \_\_Towards high school  diploma/GED |
| \_\_Part Time | \_\_Towards trade/business  qualification | \_\_Towards trade/business  qualification |
| \_\_Seasonal –  non- Agricultural | \_\_Towards college degree | \_\_Towards college degree |
| \_\_Seasonal - Agricultural | \_\_Other | \_\_Other |
| \_\_Employed and in school | \_\_In school and employed | \_\_Employed and in school |
| **Other:** | **Highest level of education (check only one)** |
| \_\_In job training program | \_\_No school completed | \_\_Associate degree  |
| \_\_Homemaker |
| \_\_Unable to work due to  disability | \_\_Some K-12 school (no  diploma) | \_\_Bachelor’s degree |
| \_\_Retired | \_\_High School  graduate/GED | \_\_Master’s degree |
| \_\_Unemployed | \_\_Some college (no  degree) | \_\_Doctorate degree |
| **Was child referred to Head Start?** | **If YES, by whom:** |
| **YES** | **NO** | **Public School System** | **Community Agency** | **Other:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Income Verification: Staff Only** |
| **\_\_ Individual Tax Form \_\_ W-2 Form \_\_Pay Stubs \_\_ Written Employer Statement****\_\_ Public Assistance \_\_ Unemployment \_\_ Documentation of No Income** **\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |