

Lafourche Parish

Early Childhood Network

Application



The Lafourche Early Childhood Network provides parents with choices of quality child care and learning experiences for their children ages birth to 5 years old. Our Network is comprised of the Lafourche Parish Pre-K programs (Title 1, 8(g) and LA 4), Lafourche Parish Head Start and local Child Care Centers who receive public funding (CCAP). Below are a list of required documents for each program.

Pre-K

Child's Birth Certificate
Child's Immunization record
Child's Social Security Card
Proof of Residence/Address (Entergy Bill)
Family Household Income

HEAD START PROGRAM

Child's Birth Certificate
Child's Immunization
Child's Social Security Card
Child's Medical Card
Family Household Income
Parent's ID

Early Learning Centers

Child's Immunization

Child and Parent Information

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____

STREET ADDRESS: _____ MAILING ADDRESS: If different _____

(The following questions are used for statistical purposes only)

SEX: MALE ETHNICITY: AFRICAN AMERICAN PRIMARY LANGUAGE IN HOME: _____
 FEMALE ASIAN ENGLISH
 HISPANIC SPANISH
 NATIVE AMERICAN ASIAN
 WHITE FRENCH
 BI-RACIAL MIDDLE EASTERN

MOTHER'S NAME: _____ Date of Birth _____
PHONE: _____ Cell or Alternate Phone _____

Employed Unemployed

Mother's Level of Education (Last grade completed or any that apply)
 1 2 3 4 5 6 7 8 9 10 11 12 GED High School Diploma
 Vo-Tech Some College College Graduate---Degree Earned _____

FATHER'S NAME: _____ Date of Birth _____
PHONE: _____ Cell or Alternate Phone _____

Employed Unemployed

Father's Level of Education (Last grade completed or any that apply)
 1 2 3 4 5 6 7 8 9 10 11 12 GED High School Diploma
 Vo-Tech Some College College Graduate---Degree Earned _____

Child's Data

Does the child have any suspected disabilities? YES NO

If yes please describe concerns _____

Does your child have an IFSP/IEP? YES NO

****If yes please provide documentation of the disability****

FAMILY INFORMATION (Check one in each area)

NUMBER OF CHILDREN IN HOUSEHOLD: _____ NUMBER OF ADULT MEMBERS: _____

NUMBER OF ADULTS IN HOUSEHOLD WITH INCOME _____

Name of Adult _____ Employer _____ Total Income _____

Name of Adult _____ Employer _____ Total Income _____

Program Choice

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 your child is eligible. If you are choosing a Parish Elementary School or Head Start, your child will be placed in the one within your address's district.

Ranking	Program	Type
_____	Lafourche Parish Head Start (For 3 and 4 yr. olds) P O Box 425, Mathews, LA 70375 Or Any Head Start location	Head Start 985-537-4601
_____	Lafourche Parish School Public Pre-K (For 4 yr. olds only)	Public School
_____	Adventure Awaits Learning Academy (6 weeks to 5yr. olds) 3172 Hwy 316 Gray, LA 70359	Early Learning (985) 262-8221
_____	Bright Ideas Learning Center (6 weeks to 12 yr. olds) 4706 Hwy 1 Raceland, LA 70394	Early Learning Center 985-537-4599
_____	Creative Learning (6 weeks to 12 yr. olds) 741 North 7 th St. Thibodaux, LA 70301	Early Learning Center 985-446-2415
_____	Little Colonels Academy (6weeks to 4yr. olds) Nichols State University Campus Thibodaux, LA 70301	Early Learning Center 985-449-7104
_____	Little Angels Early Learning Center (6 weeks to 16 yr. olds) 221 Leighton Rd. Thibodaux, LA 70301	Early Learning Center 985-446-4006
_____	Little Steps Academy (6weeks to 16yr. olds) 13248 West Main St. Larose, LA 70373	Early Learning Center 985-693-5437
_____	Mrs. Tut's Circle of Learning (4 weeks to 12 yr. olds) 116 Buford St. Raceland, LA 70394	Early Learning Center 985-664-1528
_____	Stepping Stones (6 weeks to 16yr. olds) 125 Choctaw Rd. Thibodaux, LA 70301	Early Learning Center 985-633-5001
_____	Wise Moments (6 weeks to 12 yr. olds) 1202 Tiger Dr. Thibodaux, LA 70301	Early Learning Center 985-492-9300

Does your child have any siblings currently attending any program above, please list below:

Name(s) _____ Program _____

I certify that all information given is true and correct to the best of my knowledge. Due to grant stipulations any information found to be fraudulent, will result in termination of services or prosecution under the law.

Parent/Legal Guardian Signature

Date

If you ranked HEAD START 1, 2, or 3 under program Choice, please continue and complete the final page of the application on back.

Fill Out for Head Start Program Only

Parent Type:

- Two parent family (legally married)
- Single parent family (mother figure only)
- Single parent family (father figure only)
- Single parent family (mother figure only) living with partner
- Single parent family (father figure only) living with partner

Family Type:

- Biological Family
- Foster Family
- Other Family Type
- Other Relatives
- Teen Parent

Family in Military: ____ YES ____ NO

Family Member with Disability: ____ YES ____ NO

Family Member Previously or Currently in Head Start: ____ YES ____ NO

Types of Services or Financial Assistance Receive (Check all that Apply)

- Unemployment Assurance
- Child Support/ Alimony
- Foster Care/Adoption Subsidy
- Medical Insurance Assistance (i.e., Medicaid/Medicare)
- Public Housing Assistance
- Public Assistance/Welfare (i.e., TANF/AFDC)
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps
- WIC
- None

Do you and your child live with someone in their home? ____ Yes ____ No

____ House ____ Mobile Home ____ Apartment ____ Shelter

Will your child be picked up and dropped off at another address than home? ____ Yes ____ No

Transportation may be provided based on your home address unless otherwise stated at the time of registration. Any address changes not reported to our staff, may result in Head Start NOT providing transportation services.

*****Remember Head Start is NOT required to provide transportation for your child.*****

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