

# ***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: <input type="checkbox"/> MALE	ETHNICITY: <input type="checkbox"/> AFRICAN AMERICAN	PRIMARY LANGUAGE IN HOME:
<input type="checkbox"/> FEMALE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> ENGLISH
	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> SPANISH
	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> ASIAN
	<input type="checkbox"/> WHITE	<input type="checkbox"/> FRENCH
	<input type="checkbox"/> BI-RACIAL	<input type="checkbox"/> MIDDLE EASTERN

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

Email Address: \_\_\_\_\_

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 \_\_\_\_\_

Email Address: \_\_\_\_\_

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.**

<b>Ranking</b>	<b>Program</b>	<b>Type</b>
_____	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 <sup>th</sup> St. Thibodaux, LA 70301	Early Learning Center 985-446-2415
_____	Little Colonels Academy (6weeks to 4yr. olds) Nicholls 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

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

**If Yes what Address?** \_\_\_\_\_

**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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