



Livingston Parish Early Childhood Community Network Application

(Application must be complete, and all required documents must be submitted before eligibility can be determined.)



Date of Application: _____ Choice of Provider: LPPS Pre-K (Name of school) _____
 Child Care Facility (Name _____) Head Start/Early Head Start (Name _____)
 The school zone that my child resides in is: (<https://bit.ly/3G1wZDV>) _____

(Please fill in the form completely and accurately. All information will be kept confidential.)

APPLICANT'S INFORMATION

Child's Name: (First) _____ (MI) _____ (Last) _____ Date of Birth: _____
 Child's Gender: Male Female Child's Primary Language: _____
 Is your child currently receiving special services for an identified disability from the school system or Early Steps? YES NO
 If yes, where do the services take place? Home Child Care Head Start/Early Head Start Other _____
 Do you have any concerns about your child's development? YES NO If yes, please explain: _____
 Are you and your family: Homeless Foster Family

PARENT/GUARDIAN'S INFORMATION

Legal Guardian 1 : (First) _____ (MI) _____ (Last) _____ Relationship to Child: _____
 Address: _____ City/State/Zip: _____
 Is this address permanent? YES NO If no, please explain: _____
 Parental Status: Single Married Separated Divorced Guardian/Caretaker Teenage Parent Foster Parent
 Parent's Phone Number: (cell) _____ (home) _____ (work) _____
 Parent's Email: _____ @ _____

Legal Guardian 2 : (First) _____ (MI) _____ (Last) _____ Relationship to Child: _____
 Address: _____ City/State/Zip: _____
 Is this address permanent? YES NO If no, please explain: _____
 Parental Status: Single Married Separated Divorced Guardian/Caretaker Teenage Parent Foster Parent
 Parent's Phone Number: (cell) _____ (home) _____ (work) _____
 Parent's Email: _____ @ _____

HOUSEHOLD MEMBERS / FAMILY SIZE

This is determined by including all persons living in the household who are supported by the income of the child's parents or guardians.

# of ADULTS in household:			# of CHILDREN in household:		
LIST NAMES OF ADULTS	RELATION TO CHILD	DOB	LIST NAMES OF CHILDREN	RELATION TO CHILD	DOB

EMPLOYMENT/INCOME INFORMATION

Do you receive: Medicaid Food Stamps/SNAP WIC Child Care Assistance SSI FITAP/TANF
 Unemployment Kinship/Foster Payments Military Child Care Benefits Child Support Other: _____

ADULT 1 EMPLOYMENT INFORMATION

Full Time Part Time Unemployed Retired
 Disabled Attending School Other: _____
 Weekly Hours Worked: _____
 Hourly Wage: _____
 Monthly GROSS Income: _____
 Pay Schedule: Weekly Bi- Weekly Monthly

ADULT 2 EMPLOYMENT INFORMATION

Full Time Part Time Unemployed Retired
 Disabled Attending School Other: _____
 Weekly Hours Worked: _____
 Hourly Wage: _____
 Monthly GROSS Income: _____
 Pay Schedule: Weekly Bi- Weekly Monthly

By signing this application, I understand that if I deliberately misrepresent my family income or circumstances, my family may not be eligible for further services. In the event my child is not accepted into the program, my application may be released to local child care centers.

Signature _____ Date _____