

Grant Early Childhood Network Coordinated Application 2024-2025

Pre-K Eligibility

This form is for Pre-K and/or Head Start

Ranking a program 1st or 2nd **DOES NOT** guarantee enrollment. Enrollment can be limited by factors including availability of seats. In zone applicants will be prioritized for zoned school.

CHILD'S NAME				
	First Name	MI	Last Name #1	Last Name #2

Please rank the programs below in the 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. Your child is **only eligible** for public prek at the school he/she is zoned for. Student must be screened and meet requirements of grant that supports the prek program. Please note that many seats are eligible by income only; however, we encourage all families to apply regardless of your income as we do have seats that are not income based.

RANKING	PROGRAM	TYPE
	Grant Parish Public School Pre-K (School Zoned for: _____)	Date of Birth must be (10/01/19- 09/30/20)
	Grant Parish Head Start (Colfax)	Head Start -3 & 4 year old
	Head Start / Dry Prong Center	Head Start - 3 & 4 year old
	Grant Parish Early Head Start (Colfax)	Birth to 2 year old
	Dogwood Learning Academy	Early Learning Center - Birth to 4 year old
	Giggles & Hugs	Early Learning Center - Birth to 4 year old

Child's Race: ___ African American ___ Caucasian ___ Hispanic ___ Other

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Early Childhood Program Eligibility

This form is for Public School Pre-K/ Head Start/Childcare Centers

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

Teen Parent	YES	NO	Homeless in the last year		YES	NO
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Person's Role in Household	<input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household member <input type="checkbox"/> Resides outside the home		
Primary Occupational Status (Check Only 1)	Paying Job:		In School Full time and Employed Part time:		Employed Full Time and In School Part Time:	
	<input type="checkbox"/> Full time (more than 34 hrs per week) <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal - Non-agricultural <input type="checkbox"/> Seasonal - Agricultural <input type="checkbox"/> Employed and in school		<input type="checkbox"/> Towards high school Diploma/GED <input type="checkbox"/> Towards trade/business qualification <input type="checkbox"/> Towards college degree <input type="checkbox"/> Other <input type="checkbox"/> In school and employed		<input type="checkbox"/> Towards high school Diploma/GED <input type="checkbox"/> Towards trade/business qualification <input type="checkbox"/> Towards college degree <input type="checkbox"/> Other <input type="checkbox"/> Employed and in school	
	Other:		Highest level of education (check only one)			
	<input type="checkbox"/> In job training program <input type="checkbox"/> Homemaker <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed		<input type="checkbox"/> No school completed <input type="checkbox"/> Some K-12 (no Diploma) <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some College (no degree)		<input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree	
Was child referred to Head Start?			If YES, by whom:			
YES	NO		Public School System	Community Agent	Other _____	
Income Verification: Staff Only						
<input type="checkbox"/> Individual Tax Form <input type="checkbox"/> W-2 Form <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Written Employer Statement <input type="checkbox"/> Public Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Documentation of No Income <input type="checkbox"/> Other _____ Staff Signature: _____						

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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 Grant Early Childhood Network. I also understand that my application is only complete once I turn in all requested documents. Incomplete applications will not be processed until all requested documents are turned in to Grant Early Childhood Network

Print Name of Parent/Guardian: _____ **Date of Birth:** _____

Parent/Guardian Signature: _____ **Date:** _____

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Head Start Supplement