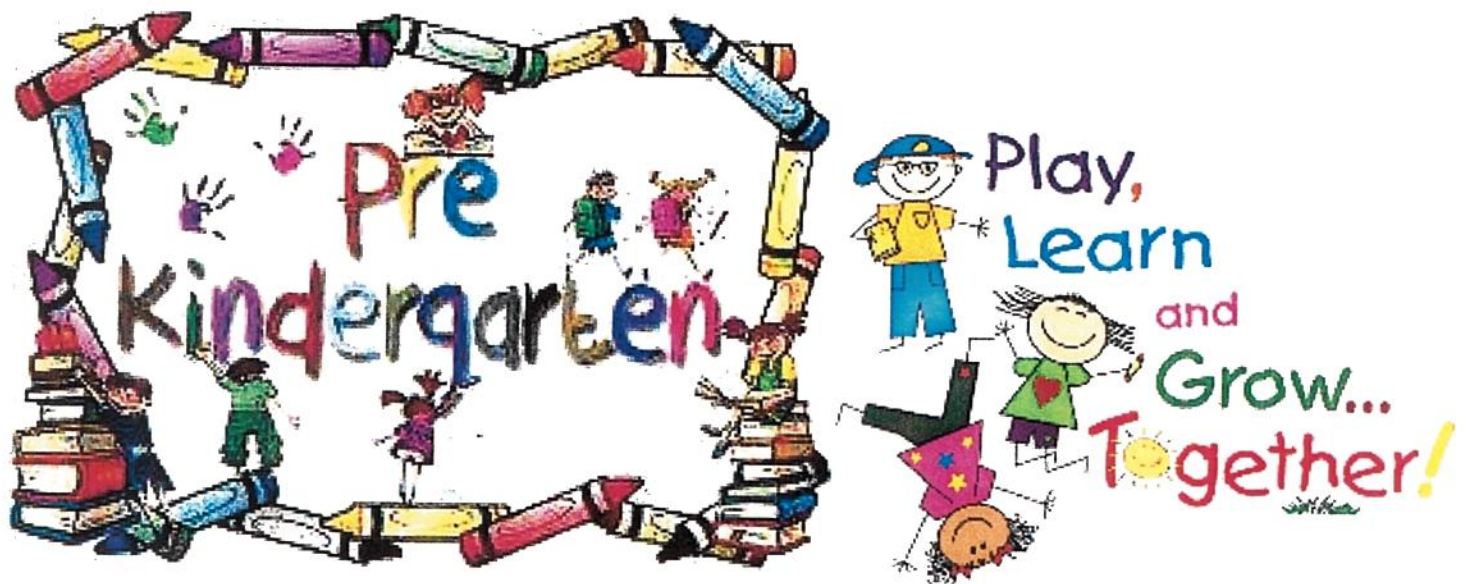


Morehouse Parish School District

Pre-K4 Registration Application

2023-2024 School Year



Our classrooms are fun places to explore, discover, grow, and learn.

2023-2024 EARLY CHILDHOOD PROGRAM FAMILY ELIGIBILITY WORKSHEET

CHILD'S NAME _____ DATE OF BIRTH _____ APPLICATION DATE _____

Proof of Income – Select which item(s) you have verified:

- _____ Positive match via the *eScholar DirectMatch* system.
- _____ Two (2) consecutive check stubs for **EACH PARENT or CAREGIVER IN THE HOUSEHOLD** for the current year (within 2 months from the date of filling out this application). *Use tables in the attached guide to calculate. Use hourly rate and income formula whenever possible for the most accurate and consistent verification.*
- _____ An official letter from your employer stating *all* of the following: Where parent/guardian is employed, the hourly rate of pay, and the average number of hours parent/guardian works per week.
- _____ SNAP/Food Stamps – must include the child's name and valid effective dates. (Certified thru _____)
- _____ A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits. SSI benefits for any other household member must be accompanied by other income documentation, if applicable.
- _____ Current foster care placement agreement from DCFS.
- _____ Parents or guardians who claim zero income of any kind must each submit a Statement of No Income form.
- _____ Parents or guardians who are employed intermittently, self-employed, or who do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income must submit a Declaration of Income for Irregular Employment form.
- _____ Families in a temporary living arrangement due to loss of housing or economic hardship (homeless) should have their status verified using the LEA-defined procedures for verifying homeless status.
- _____ Other: _____
- May be subject to review. (Note: 2021 tax documentation is allowable only if no other form of income verification documentation exists. Previous tax years are not allowed.)

Proof of Age – Initial that both items have been verified:

- _____ Verify child's date of birth using a state-issued or foreign birth certificate or a current passport or visa. (For example: Date of birth for 2022-2023 4-year-old program (LA 4, NSECD) applicants must fall within the date range of October 1, 2017 - September 30, 2018.)
- _____ Verify person completing application is the parent listed on the birth certificate.
 - If person completing application is **NOT** listed on the birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted.

Proof of Residence - Select which item you have verified:

- _____ Louisiana driver's license
- _____ State-issued ID card
- _____ Current utility bill with the parent's name and address
- _____ Current lease or mortgage statement
- _____ If the parent and child live with a family member or friend, that person is to provide verification with a letter in addition to one of the above items.
- _____ In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)

CERTIFICATION

- I confirm that the information provided on this form has been submitted by the parent/legal guardian and is true and correct to the best of my knowledge.
- I have verified original documents as are applicable and determined that this child meets applicable eligibility requirements.
- I understand that I may be audited for accuracy and eligibility. I further understand that should this student be found ineligible, the agency, organization, district, school or center may be required to return any funds received for this child or future funding may be reduced.
- I agree to retain for five years, for local audits and state-level monitoring and auditing purposes, original versions of pages 1 and 2 of this document.

Signature of Authorized Personnel

Date signed

Morehouse Parish School District
Pre- K Student Information Form

Child's Name: _____ Age: _____ Birthdate: _____

Mother's/Guardian's Name: _____ Phone Number: _____

Father's/Guardian's Name: _____ Phone Number: _____

Other Phone Contact Number(s) _____

Residential Address: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

_____ Copy of Student's Social Security Card

_____ Copy of Student's Up-to-Date Immunization Record

Office Use Only. Indicate if child was: Placed Not Placed
Is this a Birth to Three Program redetermination application? Yes No

Coordinated Application 2023-2024

Complete application in blue or black ink.

Circle the Ready Start Network that you are applying for early childhood care and education.



(Ouachita Parish)

Other: _____

Student Information

Child's Name: _____
FIRST MIDDLE INITIAL LAST

Date of Birth: ____/____/____ Home Language: _____

Gender: Male Female Race: _____

Have You Applied for Child Care Assistance Program (CCAP)? Yes No N/A

Are You Approved for CCAP? Yes No N/A

Are You on the CCAP Waitlist? Yes No N/A

1. PARENT/LEGAL GUARDIAN living in home WITH Child RELATIONSHIP to CHILD: _____

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE: _____ EMAIL: _____

2. PARENT/LEGAL GUARDIAN living in home WITH Child RELATIONSHIP to CHILD: _____

NAME: _____
FIRST MIDDLE INITIAL LAST

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE: _____ EMAIL: _____

Has this child had an Ages & Stages Screening? Yes No Date: _____ Location: _____

Does the child have a current IEP or IFSP? (Child is receiving services through the school system or Early Steps) Yes No Concern/Diagnosis: _____

Does this child receive Speech Services? (IEP) Yes No

Does this child receive Early Intervention Services? (IFSP) Yes No

Has the child been referred by psychological services? Yes No

Does the child receive SSI? Yes No

Family Income Information

Number of Adults in household: _____

Number of Adults contributing to Income: _____

Number of Children in household: _____

Approved for USDA/CACFP Eligibility Determination

Program Preferences

Review the list of participating programs and write your 1st, 2nd and 3rd choices in order of preference below.

Ranking	Program Name
1 ST choice	
2 nd choice	
3 rd choice	

**If your 1st choice does not have available seats, this does not guarantee enrollment in your 2nd choice program.*

Additional Information

If a child has any siblings currently **attending** any participating program (list programs) above, please list below:

Program:

Sibling:

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

Program:

Sibling:

How did you learn about the participating programs and eligibility? Check all that apply.

Friend/Family

Facebook

Director/Administrator

Television

Flyer

Postcard

Radio

Other _____

I, the undersigned, understand that only ONE application needs to be filled out for my child, and I hereby give my permission for the information provided here to be shared with the Children's Coalition for Northeast Louisiana.

Print Name of Parent/Guardian:

Date of Birth:

Parent/Guardian Signature:

Date Signed:



**Ready Start Morehouse Participating
Programs**

Child Care

Little One's Daycare*

Little Angels Daycare*

Our House

Prep Center

Radiance Child Development Center-
Bastrop

Family Child Care Provider

Sonya Blanch

Head Start

MCIO Head Start- Bastrop

Schools

Beekman (Charter School)

Morehouse Parish Schools

**Birth to 3 openings available to children &
families who meet eligibility requirements.*