Plaquemines Parish APPLE Network  
Early Childhood Eligibility Application  

**CHILD ENROLLING FOR EARLY CHILDHOOD**  
Last Name  | First Name | Middle Name | Suffix | Gender  
--- | --- | --- | --- | ---  
School Enrolling: | Age of Child | Age of Child by 9/30/2020 | Date Applying  
Date of Birth (MM/DD/YYYY) | Birthplace (City, State, Country) | If not born in USA, Date moved to USA: | Home Phone  
Physical (911) Home Address (Street Address) | Physical Address (City) | State | Zip Code  
Mailing Address | Mailing Address (City) | State | Zip Code  

**PLEASE INDICATE ALL THAT APPLY TO THE CHILD:**  
- [] SNAP  
- [] SSI  
- [ ] Other financial assistance  
- [ ] Foster Child  
- [ ] Medicaid  
- [ ] Homeless  

**Military Family?**  
- [] YES  
- [ ] NO  

**Household information:**  
- Total number living in household  
- Number of adults in household  
- Total number of children in household  

---  
**ADULT INFORMATION**  
Last Name: | First name: | Provides for child? | Yes | No  
--- | --- | --- | ---  
Employer: | |  
Relationship to child: | Cell Phone | Home Phone  
Last Name: | First name: | Provides for child? | Yes | No  
Employer: | |  
Relationship to child: | Cell Phone | Home Phone  
Last name: | First name: | Provides for child? | Yes | No  
Employer: | |  
Relationship to child: | Cell Phone | Home Phone  
Last Name: | First name: | Provides for child? | Yes | No  
Employer: | |  
Relationship to child: | Cell Phone | Home Phone  
Last Name: | First name: | Provides for child? | Yes | No  
Employer: | |  
Relationship to child: | Cell Phone | Home Phone  
Last Name: | First name: | Provides for child? | Yes | No  
Employer: | |  
Relationship to child: | Cell Phone | Home Phone  
Last Name: | First name: | Provides for child? | Yes | No  
Employer:  
(Continued on Back)
<table>
<thead>
<tr>
<th>Relationship to child</th>
<th>Cell Phone</th>
<th>Home Phone</th>
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</table>

### CHILDREN IN HOUSEHOLD:

<table>
<thead>
<tr>
<th>Child's name</th>
<th>Date of Birth</th>
<th>School Attending</th>
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<tbody>
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### CUSTODY INFORMATION

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<tr>
<th>Custody Information</th>
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I affirm the above information is correct to the best of my knowledge.

______________________________  ______________
Parent/Guardian Signature     Date

Rank programs based on your preference. Parents that are willing to consider multiple programs should rank the programs by their order of preference. Parents only applying for one program should only rank that program. Put a "1" for your first choice, "2" for your second choice, and so on. "Ranking a program 1st or 2nd does not guarantee enrollment. Enrollment is limited by factors including income/residency requirements and availability."

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<tr>
<th>Ranking</th>
<th>Program</th>
<th>Type</th>
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<tr>
<td></td>
<td>Head Start</td>
<td>Head Start</td>
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<tr>
<td></td>
<td>Sparks Academy and Day Care</td>
<td>Child Care</td>
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<td></td>
<td>3 Sisters Academy</td>
<td>Child Care</td>
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<tr>
<td></td>
<td>PPSB Pre-K4 Program</td>
<td>Public School</td>
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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 program, and I hereby give permission for the information provided here to be shared with the programs in Plaquemines Parish Community Network.

______________________________  ______________
Parent/Guardian Signature     Date

I affirm that I have reviewed this form and all required fields are filled out.

______________________________  ______________
School Registrar/Representative     Date