



St. John Parish Early Childhood Community Network Unified Application for School Year 2018-2019

PLEASE NOTE: Applications must be completed and HAND-DELIVERED to the provider of choice.

***This is just the initial application and DOES NOT guarantee your child a seat in the location of choice.

Applicants will be assigned in School Board programs with priority placed on school zones.

Additional application and enrollment information is required prior to acceptance.

For more information visit www.stjohn.k12.la.us and click the Early Childhood Community Network Link.

LOCATION OF CHOICE

Child Care Providers	Nonpublic Schools Early Childhood Development Program (NSECD)	St. John School Board Head Start Program (Priority Based on School Zones)	St. John School Board (Priority Based on School Zones)
<ul style="list-style-type: none"> • Children of God • Divine Hands • Garden of Eden • Kids of Distinction • Little Leaders Learning Academy • Terence Daycare • Wells Wallace Learning Academy 	<ul style="list-style-type: none"> • Little Leaders Learning Academy • Kids of Distinction 	<ul style="list-style-type: none"> • Lake Pontchartrain Elementary • Garyville/Mt. Airy M&S Magnet • West Saint John Elementary 	<ul style="list-style-type: none"> • Emily C. Watkins • Fifth Ward Elementary • Lake Pontchartrain Elementary • Garyville/Mt. Airy M&S Magnet • West Saint John Elementary
<p><i>-Infant-Pre-K</i> <i>-Must contact center for specific fee information</i> <i>-Child Care Assistance accepted</i></p>	<p><i>-Pre-K services ages 4-5 years</i> <i>-Completely FREE for eligible participants</i></p>	<p><i>-PreK services ages 3-5</i> <i>-Completely FREE for eligible participants</i> <i>-Four year olds given priority</i></p>	<p><i>-Pre-K services ages 4-5</i> <i>-Completely FREE for eligible participants</i></p>

STUDENT INFORMATION

Last _____ First _____ Middle _____

Birth Date: ___/___/___ Age _____ Gender (Check one) Male Female

Ethnic Category (Check one): Ethnic/gender information is collected but not used for selection.

African American American Indian Asian/Pacific Islander Caucasian Hispanic Other _____

Home Address _____ Apt # _____

Physical Address-Post Office Box addresses WILL NOT be processed

City _____ State _____ Zip Code _____

Parent or Guardian _____ Home Phone _____

Work/Cell _____ Email: _____

Current Pre-School/Childcare _____ Phone # _____

Children ages infant-4 years old in the home: Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name of twin or triplet siblings (s) – if applicable _____

Parents/Guardians: Your signature on this application grants the St. John Parish Early Childhood Community Network authorization to verify the applicant's lunch status, if applicable, for participation in program.

Parent Signature

Date

*If your child does not get in application location, his/her application will be referred to the following programs:

Childcare, NSECD, Head Start, and School Board PreK.

** No child/family may be denied admission or participation or be discriminated against because of sex, race, religion, national origin, ancestry, creed, pregnancy, marital/parental status, sexual orientation, or physical, mental, emotional or learning disability.