

Child's Name _____

St. John the Baptist Parish School Board
118 West 10th Street * P. O. Drawer AL * Reserve, Louisiana 70084

FOUR-YEAR-OLD PRESCHOOL PROGRAMS APPLICATION 2018-2019

Your child must be four (4) years old by September 30, 2018 to be eligible. Your child will qualify for one of the preschool programs regardless of income. Applying early is recommended.

Applications should be submitted in person at one of the following addresses:

| | |
|--|---------------------------------|
| Garyville/Mt. Airy Math & Science Magnet School | West St. John Elementary |
| 240 Hwy 54 | 2555 Hwy 18 |
| Garyville, LA 70051 | Edgard, LA 70049 |

INFORMATION NEEDED WITH APPLICATION:

1. **Income Verification-Your family income must be verified for program eligibility determination. PLEASE ATTACH ONE OF THE FOLLOWING TO THIS APPLICATION:**
 - a. **Income Tax Form 1040 for the previous calendar year (2017)**
 - b. **W-2 Statements for all working family members for the previous calendar year**
 - c. **Pay Stubs (last 2 current) for all working family members**
 - d. **Documentation showing current status/amount received from FITAP**
 - e. **Letter showing current status/amount received from SSI/Social Security**
 - f. **Foster Care documentation letter for Foster Child**
 - g. **Documentation of Child Support/Alimony**
 - h. **Documentation of Unemployment Compensation**
 - i. **Written statement from current employer(s)**
 - j. **Written statement of Family Support from person supporting the child**
 - k. **Income Declaration Form**
2. **Child's Birth Certificate-to verify age of child**
3. **Child's Social Security Card**
4. **Child's Medical Insurance or Medicaid Card**
5. **Documentation of Child's Disability-IEP or IFSP (if applicable)**
6. **Child's Immunization Record-to show that child is up-to-date on all shots**
7. **Proof of residency (2), Utility bills, Voter registration card, Driver's License/ID, Lease/Mortgage**
8. **Identification**
9. **Budget sheet if receiving SNAP benefits**

If you need assistance in obtaining any of the above information, the St. John Parish Head Start staff can assist you with contact phone numbers, applications (for birth certificate or social security card), physical exam form, or other assistance you might need in obtaining the above needed information. For more information, call St. John Child Development Center at (985) 535-3917 or 535-2713.

FOR OFFICE USE ONLY

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|-------|-------------------------------|
| _____ | 1. <u>Head Start</u> |
| _____ | 2. <u>LA 4</u> |
| _____ | 3. <u>Model Early (8) g</u> |
| _____ | 4. <u>Universal PreK</u> |
| _____ | 5. <u>Child Care Provider</u> |
| _____ | 6. <u>NSECD</u> |
| _____ | 7. <u>PreK Expansion</u> |

Mother's Name _____
 Date of Birth ____/____/____ Living with child: _____

____ Employed If Employed, work phone number ____ - ____ Ext. ____
 Name of Employer: _____
 Full Time: _____ Part Time: _____ Hours: _____

____ In School Last grade completed: _____
 ____ Neither Employed or In School Are you interested in Adult Education classes? _____

Father's Name _____
 Date of Birth ____/____/____ Living with child: _____

____ Employed If Employed, work phone number ____ - ____ Ext. ____
 Name of Employer: _____
 Full Time: _____ Part Time: _____ Hours: _____

____ In School Last grade completed: _____
 ____ Neither Employed or In School Are you interested in Adult Education classes _____

OTHER Household/Family Members (DO NOT LIST HEAD OF HOUSEHOLD OR CHILD LISTED ABOVE): (add sheet if necessary)

| Name | Gender | Race | Date of Birth | Relation to Child | Occupation-Adults | Education Level-Adults | Income-Adults |
|------|--------|------|---------------|-------------------|-------------------|------------------------|---------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

Family Data:

Family in Military: Yes No Substance Abuse: Yes No
 Family Member with Disability: Yes No Teen Mother: Yes No
 Family Member Currently in Early Head Start, Head Start or other Child Development Program: Yes No

Family Type:

Biological Family Single Parent (father figure only) Single parent, Not working or Student
 Foster Family Single Parent (father figure only) living w/ partner Single Working Parent or Student
 Other family type Single Parent (mother figure only) Two Parents, Both Working or Students
 Other relative(s) Single Parent (mother figure only) living w/partner Two Parents, Neither Working or Students
 Two Parent Family Two Parents, One Working or Student

Income verified by: ____ W-2 ____ Check Stub ____ Tax Return ____ Letter ____ Other _____

Receive pay from job: ____ Weekly ____ Every 2 weeks ____ Monthly

Yearly gross income: \$ _____ Number of adults contributing to income: _____

Number of children in family: _____ Number of adults in family: _____

Types of services or financial assistance received (Mark all that apply):

____ Medical assistance (i.e. Medicaid) _____ Food Stamps (SNAP)
 ____ Public assistance/Welfare (i.e. FITAP/TANF) _____ WIC
 ____ Social Security _____ Foster Care Subsidy
 ____ Supplemental Security Income (SSI) _____ Housing
 ____ Child Support/Alimony _____ Child Care Assistance Program
 ____ Other: Specify _____

Has your family been Homeless during the last year? __YES __NO If yes, for how long? __ months

Emergency Information

In Case of an Emergency Notify:

| Name | Relationship | Address | Phone Number |
|------|--------------|---------|--------------|
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ONLY the above persons have my permission to receive my child off the bus or pick my child up at the Head Start center.

Transportation Information: _____ Parent will bring _____ Ride Bus

Pick-up location: _____

Drop-off location: _____

Publicity Release

I give my permission for _____ to be identified with St. John Parish School Board in print (newspaper), photographs, videos, and social media.

Parent's/Guardian's Signature: _____ Date: _____

Certification: I certify that this information is true. If any part is false, my participation in this program may be terminated. I also understand that the information in this application will be held in strict confidence with the agency and is accessible to me during business hours. I have been afforded an interview giving assistance in filling out this application and obtaining information about the Head Start program.

Parent's/Guardian's Signature: _____ Date: _____

Staff Member: _____ Date: _____

Position _____