



Zachary Early Childhood Network Application

Date of Application: _____ Desired Start Date _____

Please fill in the form completely and accurately. All information will be kept confidential.

Student Information

Child's Full Name: _____ Birth Date: _____

Gender: Male Female

Preferred Language: _____

Month Day Year

Primary Ethnic: (choose one)	<input type="checkbox"/> 0 White	<input type="checkbox"/> 1 Black	<input type="checkbox"/> 2 Hispanic
	<input type="checkbox"/> 3 Asian	<input type="checkbox"/> 4 Native American/Alaskan Native	<input type="checkbox"/> 5 Hawaiian/Pacific Islander
Secondary Ethnic: (if applicable)	<input type="checkbox"/> 0 White	<input type="checkbox"/> 1 Black	<input type="checkbox"/> 2 Hispanic
	<input type="checkbox"/> 3 Asian	<input type="checkbox"/> 4 Native American/Alaskan Native	<input type="checkbox"/> 5 Hawaiian/Pacific Islander

Site Preference

Please rank your site preferences 1-9 with 1 being your first choice

____ Zachary Early Learning Center	____ Universal Children's Learning Academy, LLC	____ St. Patrick's Episcopal Day School
____ Bright Beginnings Child Development Center	____ Rising Starz Early Learning Center	____ Abundant Blessings Early Learning Center, Zachary
____ Just Like Home Child Care Center Three	____ Kidz Karousel North	____ Little Dreamers Christian Academy

Guardian Information

Father or Legal Guardian 1

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Apt.# _____ Apt. Complex _____ House# _____

Street _____

City _____ Zip Code _____

Phone

Home # _____ Work # _____ Cell # _____

Email _____

Mother or Legal Guardian 2

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Apt.# _____ Apt. Complex _____ House# _____

Street _____

City _____ Zip Code _____

Phone

Home # _____ Work # _____ Cell # _____

Email _____

Please Note: List only the people who are supported by the income of the parents or guardians of the child applying.

Family Size: Determined by including all persons living in the household who are supported by the income of the child's parents or guardians and related to the parents or guardians by blood, marriage or adoption.

_____ # of Adults _____ # of Children

Are you and your family: Homeless Foster Family

Does your child have identified disabilities? _____ Yes _____ No

Is your child in the Early Steps Program: _____ Yes _____ No

Do you receive:

Medicaid Child Care Assistance

Food Stamps SSI

WIC FITAP/TANF

I certify that this information is true and correct. _____ Yes _____ No Signature _____

I understand that if I deliberately misrepresent my family income or circumstances, my family may not be eligible for further services. In the event my child is not accepted into the program, my application may be released to local child care centers.

_____ Yes _____ No

*Proof of income required. See attached sheet

_____ I decline submitting income verification. I am responsible for all tuition and fees.

Signature _____ Date _____

Zachary Early Childhood Network
Proof of Income



Proof of Income may include one of the following:

- _____ Two (2) consecutive check stubs for EACH PARENT or CAREGIVER IN THE HOUSEHOLD for current year

- _____ An official letter from your employer stating all of the following
 - Where parent/guardian is employed
 - Hourly rate of pay
 - The average number of hour(s) parent/guardian works per week.

- _____ SNAP/Food Stamps- must include the child's name and valid effective dates.

- _____ A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.

- _____ Current foster care placement agreement from DCFS

- _____ Parents who are unemployed must submit a letter of support and income documentation from support source.

- _____ Other: CCAP, etc.