

For Office Use Only: Indicate if the child was: Placed Not Placed.

Coordinated Application 2024-2025

Complete application in blue or black ink.

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



(Ouachita Parish)

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: _____

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



For more information on participating programs, visit www.childrenscoalition.org



Family Income Information

Number of Adults in household: _____

Number of Adults contributing to Income: _____

Number of Children in household: _____

o Approved for USDA/CACFP Eligibility Determination

Adult Name	Employer/Income Source	Time Period/Income (weekly, bimonthly, monthly etc.)

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: _____

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:



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