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For Office Use Offi	v: indicate if the child was	s:   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 Informa	ation							
Child's Name:								
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Date of Birth:		/			Home La	nguage: _		
Gender: o Male	o Female	Race:	117 2 22	Zi				
Have You Applied fo		sistance Pr	ogram (CCAP)?	o Yes		o N/A		
Are You Approved for				o Yes	o No	o N/A		
Are You on the CCAF	Waitlist?			o Yes	o No	o N/A		
1. PARENT/LEGAL G	UARDIAN livir	g in home	WITH Child	RELATIO	ONSHIP to	CHILD: _		
NAME:			VALUESTANTES		102	W.		W. S
					SI.	AST		
ADDRESS	STREET			CITY			STATE	ZIP CODE
PHONE:			EM/	AIL:				
2. PARENT/LEGAL G	UARDIAN livir	g in home	WITH Child	RELATIO	ONSHIP to	CHILD: _		3
NAME:								
ADDRESS								
ADDRESS								
PHONE:			EM	AIL:				
Has this child had a	n Ages & Sta	ges Screen	ning? o Ves	o No I	Date:	Loc	ation:	
Does the child have	32		0.00		(0)		77	
o Yes o No					es tinou	gir the ser	1001 3y310	in or Early Step.
Does this child rece		THE PARTY OF THE P	52-1		Vo			
Does this child rece	affermalfilight - Mandilanas		STATE OF THE PROPERTY OF THE PARTY OF THE PA			lo		
Has the child been	12/		750 //5					
Does the child rece	7577							



For more information on participating programs, visit <a href="https://www.childrenscoalition.org">www.childrenscoalition.org</a>



I MORE THE PROPERTY OF THE PRO	Family Income In	nformation					
Program Preferences  Review the list of participating programs and write your 1st, 2nd and 3rd choices in order of preference  Ranking Program Name  1st choice 2nd choice 3rd choice 4f 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 below: Program: Sibling:  If a child has any siblings currently applying to any program above, please list below: Program: Sibling:	Number of Adults in h	nousehold:	Number of Adults cont	ributing to Income:			
Program Preferences  Review the list of participating programs and write your 1st, 2nd and 3rd choices in order of preference Ranking Program Name  1st choice 2nd choice 3rd choice 4lf 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 below: Program: Sibling:  If a child has any siblings currently applying to any program above, please list below: Program: Sibling:	Number of Children in	n household: _	o Approved for USDA	/CACFP Eligibility Determination			
Review the list of participating programs and write your 1st, 2nd and 3rd choices in order of preference Ranking Program Name  1st choice 2nd choice 3rd 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 below: Program: Sibling:  If a child has any siblings currently applying to any program above, please list below: Program: Sibling:	Adult Name		Employer/Income Source	Time Period/Income (weekly, bimonthly, monthly etc.)			
Review the list of participating programs and write your 1st, 2nd and 3rd choices in order of preference Ranking Program Name  1st choice 2nd choice 3rd 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 below: Program: Sibling:  If a child has any siblings currently applying to any program above, please list below: Program: Sibling:							
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2 <sup>nd</sup> choice  *If your 1 <sup>st</sup> choice does not have available seats, this does not guarantee enrollment in your 2 <sup>nd</sup> choice program  Additional Information  If a child has any siblings currently attending any participating program (list programs) above, please below:  Program:  Sibling:  If a child has any siblings currently applying to any program 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 permission for the information provided here to be shared with the Children's Coalition for Northeast Louisian	Ranking						
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permission for the information provided here to be shared with the Children's Coalition for Northeast Louisian		llings current	The second secon	se list below:			
Print Name of Parent/Guardian: Date of Birth:							
	Print Name of Parent/Guardian:		Date	Date of Birth:			
Parent/Guardian Signature: Date Signed:	Parent/Guardian Signature:			Date Signed:			

