



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 1-8 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	___ Early Steps Child Development Center
___ Just Like Home Childcare Center Three	___ Kidz Karousel-Zachary	

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 _____