

Morehouse Parish School District

Pre-K4 Registration Application

2024-2025 School Year



Our classrooms are fun places to explore, discover, grow, and learn.

EARLY CHILDHOOD PROGRAM FAMILY ELIGIBILITY WORKSHEET

CHILD'S NAME _____ DATE OF BIRTH _____ APPLICATION DATE _____

Proof of Income – *Note: Use hourly rate and income formula whenever possible for the most accurate and consistent verification.* Select which item(s) you have verified:

- _____ Positive match via the eScholar DirectMatch system
- _____ Two (2) consecutive check stubs for EACH PARENT or CAREGIVER IN THE HOUSEHOLD for the current year (within 2 months from the date of filling out this application.) *Use tables in the attached guide to calculate.*
- _____ An official letter from your employer stating *all* of the following: Where parent/guardian is employed, the hourly rate of pay, and the average number of hours parent/guardian works per week.
- _____ SNAP/Food Stamps – must include the child's name and valid effective dates. (Certified thru _____)
- _____ A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits. SSI benefits for any other household member must be accompanied by any other income documentation, if applicable.
- _____ Current foster care placement agreement from DCFS
- _____ Families who claim zero income of any kind must submit a Statement of No Income form.
- _____ Parents or guardians who are employed intermittently, self- employed, or who do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income must submit a Declaration of Income for Irregular Employment form.
- _____ Families in a temporary living arrangement due to loss of housing or economic hardship (homeless) should have their status verified using the LEA-defined procedures for verifying homeless status.
- _____ Other: _____
- _____ > May be subject to review. (Note: 2018 tax documentation is allowable only if no other form of income verification documentation exists. Previous tax years are not allowed.)

Birth Certificate – Initial that both items have been verified:

- _____ Verify child's date of birth (For example: Date of birth for 2019-2020 4-year-old program (LA 4, NSECD) applicants must fall within the date range of October 1, 2014- September 30, 2015.)
- _____ Verify person completing application is the parent listed on the birth certificate.
 - If person completing application is NOT listed on the birth certificate, court-issued custody papers or a Non-Legal Custodian Affidavit must be submitted.

Proof of Residence - Select which item you have verified:

- _____ Louisiana driver's license,
- _____ State-issued ID card
- _____ Current utility bill with the parent's name and address.
- _____ Current lease or mortgage statement
- _____ If the parent and child live with a family member or friend, that person is to provide verification with a letter in addition to one of the above items.
- _____ In a temporary living arrangement due to loss of housing or economic hardship (Verified by LEA)

CERTIFICATION

- I confirm that the information provided on this form has been submitted by the parent/legal guardian and is true and correct to the best of my knowledge.
- I have verified original documents as are applicable and determined that this child meets applicable eligibility requirements.
- I understand that I may be audited for accuracy and eligibility. I further understand that should this student be found ineligible, the agency, organization, district, school or center may be required to return any funds received for this child or future funding may be reduced.
- I agree to retain for five years, for local audits and state-level monitoring and auditing purposes, original versions of pages 1 and 2 of this document.

Signature of Authorized Personnel _____

Date signed _____

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

Coordinated Application 2024-2025

Complete application in blue or black ink.

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



East Carroll



Lincoln



Morehouse



Richland



Ouachita

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	
<i>*If your 1st choice does not have available seats, this does not guarantee enrollment in your 2nd choice program.</i>	

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: _____



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



Morehouse Parish School District
Pre- K Student Information Form

Child's Name: _____ Age: _____ Birthdate: _____

Mother's/Guardian's Name: _____ Phone Number: _____

Father's/Guardian's Name: _____ Phone Number: _____

Other Phone Contact Number(s) _____

Residential Address: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

_____ Copy of Student's Social Security Card

_____ Copy of Student's Up-to-Date Immunization Record

**Morehouse Parish School District
2024-2025 School Year
Nursing Department
4099 Naff Ave Bastrop, LA 71220**

April Chafford, RN (318) 376-7468
Krista Benson, RN (318) 669-4609
Darlene Blackard, RN (318) 376-8773

Student Health Information

Date _____
Student's Name _____ Date of Birth _____
Parent's Name _____ Phone _____
School _____ Teacher _____
Food Allergies? Yes _____ No _____
List: _____
Physician's Name: _____ Phone _____

Copy of Student's Up-to-Date Immunization Record ___ Yes ___ No

Please list below any medical problems your child has or medications your child takes at home:

In Case of Emergency Contact:

_____ Phone _____
_____ Phone _____

Would you like to have a conference with the school nurse at this time?

Yes _____ No _____

Thank you for your time and attention in this matter.

Morehouse Parish School Nurses

STATEMENT OF NO INCOME

This form must be completed by any adult household members who are claiming zero income of any kind.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____ have not had any income for the past _____ months.

I am (Please check all that apply)

- Unemployed
- Stay at-home parent or guardian
- Retired without a pension
- Student
- Other _____

My rent/house payment, utilities, food, and transportation expenses are being paid for by:

I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.

Parent name (print) _____

Parent signature _____ Date _____

Approving Authority _____ Date _____

DECLARATION OF INCOME FOR IRREGULAR EMPLOYMENT

This form must be completed by any adult household members who are employed intermittently, self- employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name _____ Child's Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

I, _____, state that my income or support comes from:

Self-employment (provide most recent IRS Form 1099) _____

Parents/Family (attach a statement from person providing support)

Circle all that apply: Seasonal employment Irregular employment Cash payments

Provide gross income for the past 12 months:

MONTH	GROSS INCOME

MONTH	GROSS INCOME

Other _____

My rent/house payment, utilities, food, and transportation expenses are being paid for by:

I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.

Parent name (print) _____

Parent signature _____ Date _____

Approving Authority _____ Date _____