

Bossier Early Childhood Ready Start Network Application



SCHOOL YEAR 2022-2023

Applications should be returned to:
bossiernetwork@gmail.com

Child's Information

	First Name	MI	Last Name	
Child's Name				
Date of Birth	/ /	Gender:	Age:	
Child's Ethnicity (circle) White African American/Black Hispanic Asian Native American/Alakan Native Hawaiian/Pacific Islander Two or more races				
Physical Address Where the Child Lives: Street Address:		City	State	Zip
Mailing Address (if different from physical address)		City	State	Zip
Full Legal Name of Person/Persons with Whom the Child Lives:			Relationship to the child	

Parent / Legal Guardian Information

First Name	MI	Last Name	Preferred method of contact:	
1			cell#	work# home# email
Relationship to Child		Cell phone number:		
Email address:		Hm. #	Work #	
First Name	MI	Last Name	Preferred method of contact:	
2			cell#	work# home# email
Relationship to Child		Cell phone number:		
Email address:		Hm. #	Work #	

Emergency Contacts if Parent/Guardian Above Cannot be Reached

Persons first and last name	Phone	Relationship to the child
1		
2		
3		

Does Child Receive: _____ Special Education or Speech Services (IEP) _____ Early Intervention Services (IFSP)
 _____ Psychological Services _____ Other or Suspected Disability (504)

Additional Information

I give permission for my child to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity)

Name (First and Last)	Relationship to Child		

Does your child have any food allergies?	yes	no	For office use only:
Does your child have any other allergies?	yes	no	
Does your child have any dietary restrictions?	yes	no	
Does your child have any special needs or health concerns?	yes	no	

Please explain any "yes" answer here:

Previous Educational Experiences

Has your child ever attended another early childhood program? (circle one)	yes	no	Prefer not to answer
If yes, what is the full name of the program they attended?			Approximate dates attended
1			
2			
3			

PROGRAM OF CHOICE

Please indicate your first, second and third choices of which program type you are interested in your child attending

Type of Program	Mark preferences as 1st, 2nd, 3rd	Name of School, Head Start, or Center of Preference if Known
PreK at Public School (must be 4 by Sept. 30, 2022)		
Head Start or Early Head Start (3 and 4 years old)		
Early Head Start (Birth - 4 years)		
Early Learning Child Care Center (Birth - 4 years)		

This is an application only and does not guarantee acceptance into any early childhood program. Proof of income will be required for Public PreK, Head Start, and if applying for the Child Care Assistance Program. By signing below you are giving BECRSN permission to share this application with the choices designated above.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

Questions? Call Bossier Early Childhood Ready Start Network. (318) 677-3188 or email: bossiernetwork@gmail.com

Bossier Early Childhood Ready Start Network is administered by: NSU Child and Family Network 1800 Warrington Ave. Shreveport, LA 71101