|  |
| --- |
| C:\Documents and Settings\USER\Local Settings\Temporary Internet Files\Content.IE5\NHRO230T\MPj04372940000[1].jpg |

|  |
| --- |
| Crossett Pre-K |

|  |  |
| --- | --- |
|  | 305 Oak Street, Crossett, AR 71635 |
| Telephone: (870) 364-5051 | Email: jricks@csd.k12.ar.us |
| Fax: (870) 364-1585 |  |
|  |  |

Dear Parents,

I appreciate your interest in our Pre-K program and I hope that we can be of service to you and your family. I have a few suggestions for you that will make the application process easier and faster. The first thing that you need to do is be sure your application is completely filled out. If there is an item that does not apply to your particular situation, please indicate this by putting “NA” in the space. This will let me know that I have all of your information.

You must also be sure when returning the application that you include proof of your household income. I am providing a list of acceptable documentation. If you fail to provide this, your application will not be considered.

If approved, you will also need to submit copies of your child’s birth certificate, Social Security card, and immunization record. Immunizations must be up-to-date. These documents do not have to be submitted with the application but will be required for enrollment. No child will be enrolled without this documentation.

Once your complete application is received, I will review it and determine if you qualify for the program. All pre-k slots are filled on a “first-come, first-serve” basis. You will receive a letter verifying eligibility.

Sincerely,

Janet Ricks

Crossett Pre-K Director

**Acceptable Income Documentation**

When applying for enrollment in the Crossett Pre-K Program, you must submit **one** of the following documents as proof of your income.

* Paycheck stubs verifying income for 30 days
* W-2 statement for 2017
* Federal Income Tax return for 2017
* Form 1040 Schedules C or F (if self-employed) for 2017
* Letter from employer, dated within last 30 days, stating income amount and how often paid. Letter must be signed by employer

**If you are claiming no income, you must provide a notarized letter signed by parent attesting to no income.**

Please keep in mind that you will only need to submit **one** of these items.

|  |
| --- |
| **Crossett Pre-K**  **Eligibility Application** |

Due to state eligibility requirements, all applications for enrollment must include proof of household income. When completing the application do not leave any spaces blank. If the item is non-applicable, put NA in the space provided. Incomplete applications will not be considered for enrollment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primary Caregiver General Information**  **(Parent or Guardian with most contact with child)** | | | | | |
| First Name: | | Middle: | | Last Name: | |
| Gender: | | Application Date: | | Birth Date: | |
| Language: | | Other Language (if applicable): | | Food Stamp? SNAP   * Yes #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No | |
| Receiving WIC:   * Yes * No | | Family Structure:   * Single Parent * Two Parent | | Relation to child :   * Parent * Grandparent * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Ethnicity: | | Race: | | Education Level: | |
| Employment Status: (FT, PT)  Employer:  Address:  Phone:  # hours per week\_\_\_\_\_\_\_\_\_ | | | | If attending school, where:  # of semester hours \_\_\_\_\_\_\_\_ | |
| Home Address:  Phone(Cell):  Phone (Home): | | | | | Veteran:   * Yes * No |
| Income:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Frequency of pay period:   * Weekly * Monthly * Annual * Other   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Disabled:   * Yes * No | | Medical Insurance:   * Yes * No | Medical Insurance Provider  (if applicable): | |
| Current Housing:   * Homeless * Own * Rent * Other | Has family moved in 24 months:   * Yes * No | | Previous Housing:   * Homeless * Own * Rent * Other | Marital Status:   * Married * Divorced * Widowed * Single   Separated | |

The secondary caregiver is entered only for eligibility purposes. This person must be living in the same household and does not include extended family members such as aunts, uncles, cousins, boyfriends, etc. Grandparents are included only if they are guardians of the child.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Secondary Caregiver General Information**  **(2nd parent or guardian in household with child and is used for determining eligibility)** | | | | | |
|  | |  | |  | |
| First Name: | | Middle: | | Last Name: | |
| Gender: | | Application Date: | | Birth Date: | |
| Language: | | Other Language (if applicable): | | Education Level: | |
| Ethnicity: | | Race: | | Relation to child :   * Parent * Grandparent * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Employment Status: (FT, PT)  Employer:  Address:  Phone:  # hours per week\_\_\_\_\_\_\_\_\_ | | | | If attending school, where:  # of semester hours \_\_\_\_\_\_\_\_ | |
| Home Address:  Phone(Cell):  Phone (Home): | | | | | Veteran:   * Yes * No |
| Income:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Frequency of pay period:   * Weekly * Monthly * Annual   Other | Disabled:   * Yes * No | | Medical Insurance:   * Yes * No | Medical Insurance Provider  (if applicable): | |

|  |  |
| --- | --- |
| **Household Information** | |
| Number in Family (The number of immediate family members living in house. (Parent, Guardians, Siblings): | |
| Number in Household (The total number of people living in the house): | |
| List the name and relationship to the child enrolled of all family members in the household: | |
| Name: | Relationship: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Child Information** | | |
| First Name: | Middle: | Last Name: |
| Date of Birth: | Social Security Number: | Parental Status:   * Married * Single |
| Gender: | Ethnicity: | Race: |
| Primary Language: | Secondary Language  (if primary language is not English): | Speaks English at Home:   * Yes * No |
| Has this child attended a state-funded pre-k (ABC) program before?   * Yes * No | If so, where? | |
| Will this child be concurrently enrolled in an ABC center and HIPPY or PAT program?   * Yes * No | If so, which HIPPY or PAT? | |
| List any allergies: | Any special dietary needs? | |
| Receiving any special education services?  If so, from whom? | | |

|  |  |
| --- | --- |
| **Signature** | |
| **I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct at the time of application. I understand that the information I supplied may be independently verified by the Arkansas Division of Childcare and Early Childhood Education and that any false statements may result in exclusion from the program and criminal prosecution.** | |
| Signature of parent: | Date: |