

ABC Enrollment Packet

The following items are needed to complete this packet:

- Application
- All paperwork in packet
- Physical
- Copy of Birth Certificate
- Copy of Income – W2, or 1 month of paystubs
- Shot Record
- Copy of Social Security Card
- Copy of Child's Medical Card
- Copy of parents driver's license
- All papers are signed and Dated

If you have any questions please call Mrs. Amanda at 479-497-1088

ENROLLMENT APPLICATION CHECKLIST

No application is complete until all requirements are check on the list below:

- ☐ ABC Child Application
- ☐ ABC Well Child Screening Form
- ☐ Birth Certificate or Hospital Record
- ☐ Immunization Record (with catch up schedule if necessary)
- ☐ USDA Food Program Eligibility Form
- ☐ Proof of Income: Total Family Income
 - ☐ 30 days current pay stubs
 - ☐ Income Tax Form
 - ☐ W2
 - ☐ Other _____
- ☐ If unemployed:
 - ☐ Current school schedule
 - ☐ Notarized statement signed by the parent stating that there is no earned income.

With the signature(s) below, I agree that the above requirements are completed and that all information is accurate. I understand that the submission of false documentation to receive ABC services may result in exclusion from participation in any DHS program (including Medicaid) and referral for criminal prosecution.

Child's Name: _____

Parent Signature: _____ **Date:** _____

Program Staff: _____ **Date:** _____

ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS

Child Application



Primary Caregiver Information
(Parent or Guardian with most contact with child)

Name (First, Middle, Last)				
Date of Birth:		SSN:		Ethnicity/Race:
Gender: M / F	E-mail address:			Language:
Cell Phone:		Consent to Text Messages: (Yes / No)		
Marital Status:		Food Stamp/SNAP: (Yes/No)		Receiving WIC: (Yes/No)
Physical Address:				
Mailing Address:				
City:		State:	Zip :	County:
Employment Status (FT, PT):		Employer Name:		Work Zip:
Education Level: Did not complete High School, GED, High school, Some College, Certificate, Associate Degree, Bachelor or Advanced Degree				
If attending school, where:			# of semester hours:	
Current Housing (Own, Rent, Homeless, Other)			Current Housing Date:	
Has family moved in 24 Months: (Yes/No)			Disabled: (Yes/No)	
Veteran of United States Military: Yes / No			Member of US Military on active duty: (Yes/No)	

Secondary Caregiver Information
(2nd Parent or Guardian in household with child and is used for determining eligibility)

Name (First, Middle, Last)			
Date of Birth:		SSN:	Ethnicity/Race:
Cell Phone:		Consent to Text Messages: (Yes / No)	
Gender: M / F	E-mail address:		Language:
Physical Address: <input type="checkbox"/> (Same as Primary)			
Mailing Address:			
City:	State:	Zip :	County:
Employment Status (FT, PT):	Employer Name:		
Employment Zip Code:		Disabled: (Yes/No)	
If attending school, where:		# of semester hours:	
Education Level: GED, High school, Some College, Certificate, Associate Degree, Bachelor or Advanced Degree			
Veteran of United States Military: (Yes / No)		Member of US Military on active duty: (Yes/No)	

Household Information

[illegible]

Child Information			
Name (First, Middle, Last)			
Date of Birth:	Social Security Number:	Gender: M / F	
Ethnicity/Race:	US Citizen: Yes / No	Primary Language:	
Medical Insurance:	ARKids #		
Has 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 Program?			
List any allergies (food, insects, etc.):			
Does the child have any special dietary needs?			
Receiving any special education services?			
Emergency Contact and Consent Information			
Emergency Contact if parent/guardian cannot be reached:			
Name:	Relationship:	Phone:	
Address:			
City:	State:	Zip:	
Physician Name:			
Address:		Phone:	
City:	State:	Zip:	
Consent for Emergency Medical Care			
<div style="display: flex; justify-content: space-between; align-items: flex-end; margin-bottom: 10px;"> <div style="text-align: center;">I _____ of _____</div> <div style="text-align: center;">Parent/Guardian's Name Relationship Child's Name</div> </div> <p>Do hereby request and give consent to the Director/Caregiver of the Child Care Facility, or their duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessarily expedient by a duly licensed or recognized physician or surgeon in case of an emergency when parent(s) cannot be reached. Consent is also given for the Director/Caregiver or their duly appointed representative, to transport said child for emergency medical treatment, if parent(s) cannot be reached.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center; width: 45%;">_____</div> <div style="text-align: center; width: 45%;">_____</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div style="text-align: center; width: 45%;">Parent/Guardian Signature</div> <div style="text-align: center; width: 45%;">Date</div> </div>			
Signature			
<p>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 Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center; width: 45%;">_____</div> <div style="text-align: center; width: 45%;">_____</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div style="text-align: center; width: 45%;">Signature of Primary Caregiver:</div> <div style="text-align: center; width: 45%;">Date:</div> </div>			
Please initial each statement to indicate you have read and agree with each statement listed:			
<div style="margin-bottom: 10px;"> <input type="checkbox"/> I give J.C. Westside ABC permission for my child to be photographed for preschool use. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I give J.C. Westside ABC permission to use pictures or videos of my child on Social Media (Preschool Facebook page) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I have received a Kindergarten Readiness Calendar. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I have received and read the J.C. Westside ABC Handbook. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I give J.C. Westside ABC permission to apply sunscreen on my child. </div>			

Verification of Zero Earned Income

I, _____, do hereby declare that I am:

Not employed, have zero earned income, and not receiving
unemployment benefits at this time.

Verification of Employment

Business Name _____
Phone Number _____ Hire Date _____

I, _____ currently employ _____
Employee's First & Last Name

Gross Earned Income (\$) _____

☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually

Notarization

Printed Name _____

Signature _____ Date _____

- Signature – document must be signed in front of the Notary and notarized
- Photo identification is required to be present to notary

State of _____

County of _____

Signed and sworn before me, a Notary Public, this _____ day of _____, _____

Notary Public Signature

My commission expires _____



Arkansas Department of Human Services
Division of Child Care and Early Childhood Education



ARKANSAS BETTER CHANCE PROGRAM
WELL CHILD SCREENING (EPSDT) FORM

To Parent or Guardian:

In order to provide the best learning experience for your child, teacher must understand your child's health needs. State regulations require any child enrolled in the Arkansas Better Chance Pre-K program to have a well child check-up. In addition, the child must be current on all required immunizations. Please complete this page of the form, sign it and give it to your child's physician or licensed nurse practitioner. Once form is completed and signed on both sides, return the form to your Pre-K program.

Child's Name (Last, First, Middle)	Child's Date of Birth	Sex	Parent/Guardian Name

Address, City and Zip Code

Name of Pre-K Program Where Enrolled	Pre-K Program Phone Number

Type of Health Insurance
D AR Kids A D Private Insurance D AR Kids B D Other:

Part I – To be completed by parent or guardian before well child screening.

Check answers to the following questions. Explain any "yes" answers in the space provided.

- | | Yes | No | |
|-----|-----|----|---|
| 1. | D | D | Do you have any concerns about your child's general health? |
| 2. | D | D | Has your child been diagnosed with any chronic disease (such as asthma or diabetes)? |
| 3. | D | D | Does your child have any allergies (like to food, medicine, dust)? |
| 4. | D | D | Does your child take any medications (daily or occasionally)? |
| 5. | D | D | Does your child have any problems with vision, hearing or speech? |
| 6. | D | D | Has your child had any hospitalization, operation, major illness or injury? |
| 7. | D | D | In the past 12 months, has your child experienced any difficulty with wheezing or night coughing? |
| 8. | D | D | In the past 12 months, has your child experienced excessive weight loss or weight gain? |
| 9. | D | D | Has your child had a dental examination in the last 12 months? |
| 10. | D | D | Would you like to discuss anything about your child's health with the health care provider? |

If you answered "yes" to any question, please explain below. For illnesses or injuries, include your child's age at the time.

Question #	Explanation

Parent/Guardian Permission and Release:

I give my permission for the information on this form to be used in meeting my child's health and educational needs while enrolled in the Arkansas Better Chance program.

Signature of Parent/Guardian

Date

Child's Name (Last, First, Middle)	Child's Date of Birth	Sex	Parent/Guardian Name

To Health Care Professional:

This child is enrolled in the Arkansas Better Chance Pre-K program. State regulations require a comprehensive well child screening for all enrolled children. The Division of Child Care and Early Childhood Education recommends an Early Periodic Screening and Diagnostic Treatment (EPSDT) which is age-appropriate. For children enrolled in AR Kids, the cost of the EPSDT may be billed to AR Kids A or B using the procedure codes below:

Patient Type	AR KIDS A		AR KIDS B	
	1-4 years	5-11 years	1-4 years	5-11 years
New	99382 EP U1	99383 EP U1	99382	99383
Established	99382 EP U2	99383 EP U2	99382	99383

Part II – To be completed by Health Care Provider. Complete all sections and sign at the bottom.

Weight		Height		BMI	Temp	Blood Pressure
lb.	%ile	in.	%ile	%		/

History Update

D Yes D No Any changes in patient health since last visit? Explain: _____
D Yes D No Any family history of heart disease for anyone under 55 years of age?
D Yes D No Any family history of abnormal cholesterol?

Health

D Good appetite D Picky or variable eater
D Drinks lowfat milk D Brushes teeth, sees dentist
D Encourage diet of fruit and vegetables
D Limits fast food

Social and Behavioral

D Parents discipline appropriately D Praised for good behavior
D Dresses self, helps at home D Has friends and playmates
D TV and video games are limited

Screening and Laboratory Results

Test	Result	Date	Comments if abnormal
Vision	L _____ R _____		
Hearing			
TB			
Hemoglobin			
Cholesterol		mg/dL	

PHYSICAL EXAM

	Norm	Abnormal
General	D	D
Head	D	D
Neck	D	D
Eyes	D	D
Ears	D	D
Nose	D	D
Throat	D	D
Mouth	D	D
Teeth	D	D
Lungs	D	D
Heart	D	D
Femoral		
Pulses	D	D
Genitals	D	D
Extremities		
Gait	D	D
Spine	D	D
Skin	D	D
Neuro	D	D

Immunizations

D Yes D No All immunizations are current.
D Yes D No Child has had all immunizations possible at this time.
Child needs: D DTaP D IPV D HepB D HiB D MMR D Varivax D PCV-7 at _____ years/ _____ months

Referrals

D Follow up visit needed in _____ weeks / months
D Return check at _____ years _____ months
D Needs to see dentist. Referral to be made by physician or nurse practitioner.

Impressions

D Well child, normal growth and development
D _____

CLINIC INFORMATION (or stamp)

Name _____
Address _____
City _____
Zip Code _____ Phone _____

_____, MD / DO / NP
Date _____

Johnson County ABC is informing you that Law enforcement, DHS, and other public officials may interview your child without you present.

Print Name

Date

Signature



CCDF Authorized Sign-In Representative Form

****For use during COVID-19****



PARENT/GUARDIAN ONLY:

I, _____ (parent/guardian name) , authorize _____ (director/teacher name)
at _____ (facility name) to act as an authorized representative on my
behalf to sign my child(ren) listed below in and out of the facility during the COVID 19 pandemic to limit the potential
spread. List all authorized children below (add additional page if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I declare under the penalty of perjury that the above information is true and that these children were provided services
at the above location and on the days and times authorized. I understand that I must repay any overpayment resulting
from false or incorrect information and that I may be prosecuted for fraud.

Print Name

Parent Signature

Date

FACILITY ONLY:

I, _____ (director/teacher) at _____ (facility name/number),
declare under penalty of perjury that the above information is true and that these children were provided services at the
above location and on the days and times authorized. I understand that I must repay any overpayment resulting from
false or incorrect information and that I may be prosecuted for fraud. The original of this authorization must be kept
present with attendance records for each child receiving services during the COVID 19 pandemic.

Print Name

Director/Teacher Signature

Date

Emergency Contact Information

Child Name _____ Date of Birth _____

Child's Address _____

Parent Guardian 1: _____ Relationship to Child _____

Home Address (if different) _____

Work Address _____

Home Phone _____ Work Phone _____ Other: _____

Parent Guardian 2: _____ Relationship to Child _____

Home Address (if different) _____

Work Address _____

Home Phone _____ Work Phone _____ Other: _____

Authorized Contact – Please provide information for **at least 2 people** who are permitted to pick up your child from Westside ABC Program and whom we can contact if necessary in an emergency. Please note that your child will not be released to anyone under the age of 18 without a written note on file. Please also note that your child will not be released to anyone not on this list.

Name: _____ Relationship to Child: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

Name: _____ Relationship to Child: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

Name: _____ Relationship to Child: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

Name: _____ Relationship to Child: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

Is there anyone who can NOT pick up your child? Yes: _____ No: _____

Name: _____ Relationship to child: _____

Parent signature: _____ Date: _____

Kindergarten Readiness Indicator Checklist for Parents

Arkansas's Definition of School Readiness: School ready children have the social and academic knowledge, skills and behaviors for school success and lifelong learning. School readiness occurs when families, schools and communities support and serve ALL children, so they are successful in school and in life.

This list of indicators identifies skills, knowledge and behaviors that will help your child be prepared for that special day, going to kindergarten. The checklist is NOT a test. It is a tool that you can use to help your child make the transition to kindergarten.

The Kindergarten Readiness Indicator Checklist

Social & Emotional Development

- ☐ Separates from caregiver to another trusted adult
- ☐ Shares, takes turns and plays cooperatively with other children
- ☐ Expresses basic emotions such as happy, sad, mad, or scared
- ☐ Responds sympathetically to others' distress with words and actions
- ☐ Recognizes similarities and differences in self and others (for example, boy or girl, hair and skin color)

Cognitive Development

- ☐ Is curious, interested and willing to try new things
- ☐ Completes a task such as working a puzzle
- ☐ Adapts to new situations
- ☐ Focuses and pays attention during an activity such as, during story time
- ☐ Engages in memory games such as, "What's Missing" and simple memory matching card games
- ☐ Uses number and letter like forms and/or drawings to represent ideas or feelings

Physical Development & Health

- ☐ Gallops, slides, hops, leaps and skips
- ☐ Steers a tricycle, balances on beam or sand-box edge
- ☐ Catches ball with both hands
- ☐ Tosses or throws balls
- ☐ Kicks moving ball while running
- ☐ Pours liquids without spilling and builds with Legos® or blocks
- ☐ Uses a 3-point finger grip on pencil, crayon or paint brush
- ☐ Makes a variety of lines and shapes such as O, __, +, □ and △
- ☐ Uses scissors correctly to cut simple shapes and pictures
- ☐ Buttons, zips, laces and buckles
- ☐ Names a variety of foods and begins to classify food items as either fruits or vegetables
- ☐ Is aware of safe behavior and follows basic safety rules and routines
- ☐ Takes responsibility for personal self-care routines such as handwashing, brushing teeth, dressing and toileting
- ☐ Can express own health needs such as, "I'm hungry", "My head hurts", "I'm tired."

Language Development

- ☐ Understands an increasing number and variety of words for objects, for actions, and to describe things
- ☐ Comprehends who, what, why and where questions
- ☐ Performs up to three-step directions
- ☐ Uses four to six word sentences
- ☐ Tells increasingly detailed stories or ideas
- ☐ Communicates clearly enough to be understood by most people
- ☐ Takes turns in conversation with others
- ☐ Responds to the English language
- ☐ Speaks and expresses self in English

Emergent Literacy

- ☐ Listens, tells and engages in story being read
- ☐ Participates in singing songs and saying rhymes
- ☐ Retells stories from favorite books and personal experiences
- ☐ Decides if two words rhyme for example, cat and bat
- ☐ Holds books right-side up, turns pages one at a time from front-to-back
- ☐ Recognizes print they see in their everyday life (for example, stop-signs and logos for Wal-Mart and McDonald's)
- ☐ Recognizes and names some letters of the alphabet, especially in their own name
- ☐ Produces the correct sounds for some of the letters of the alphabet
- ☐ Writes some letters correctly, especially those in own name

Mathematical Thinking

- ☐ Counts in sequence up to 20
- ☐ Understands and uses terms such as first, second and last
- ☐ Counts objects using one number for each object
- ☐ Recognizes four objects in a group without counting
- ☐ Recognizes numerals 1-10
- ☐ Sorts objects by color, shape and size
- ☐ Recognizes and repeats patterns such as triangle, square, triangle, square
- ☐ Measures and compares height of objects
- ☐ Arranges objects from shortest to longest, (for example, shoe sizes or different lengths of yarn)
- ☐ Recognizes and names familiar shapes such as square, triangle, circle, and rectangle
- ☐ Understands and uses words such as inside, outside, up, down, over and under

Science & Technology

- ☐ Asks questions about the world around them (for example, "What do plants need to grow?")
- ☐ Recognizes that living things change over time (for example, babies grow and become adults and seeds grow and become plants.)
- ☐ Recognizes and names these five colors: red, blue, yellow, green and black
- ☐ Uses simple technology devices such as touch screen, e-book reader or digital camera

Social Studies

- ☐ Knows own first and last name, age, and knows names of family members
- ☐ Understands and talks about today, yesterday, tomorrow, after lunch, day and night
- ☐ Is aware of familiar buildings and special places in the community such as, home, school, grocery store, and park

Creativity & Aesthetics

- ☐ Enjoys singing and moving to the beat and speed of music
- ☐ Explores drawing with crayons and markers
- ☐ Enjoys pretend play (for example, rocking a baby doll, driving a truck or pretending to talk on a toy telephone)