

## 2020-2021 SCHOOL YEAR

### IMPORTANT INFORMATION REGARDING THE ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS ENROLLMENT PROCESS

It is extremely important that each item on the registration checklist is turned in along with the application. If we do not receive each document on the checklist, your child's application will not be considered for enrollment. Once complete application packets are submitted, they will be reviewed and it will be determined if your child qualifies for the ABCSS Pre-K Program.

Tentatively, acceptance letters will be sent out in June 2020

Thank you!

PLEASE RETURN COMPLETED APPLICATION & DOCUMENTS TO:

Dawson Education Cooperative

Attn: ABCSS Pre-K Program

711 Clinton Street

Arkadelphia, AR 71923

PHONE: 870-246-1450

FAX: 870-246-1457

# DAWSON CO-OP ABCSS PRE-K APPLICATION PACKET

**ALL DOCUMENTS BELOW MUST BE COMPLETE BEFORE  
APPLICATION IS CONSIDERED**

- ☐ ABC Child Application
- ☐ Copy of Child's Birth Certificate
- ☐ Copy of Child's Social Security Card
- ☐ Current Immunization Record
- ☐ Proof of Income: Please provide one of the following for each caregiver
  - 30 days current paystubs
  - Income Tax Form (2019)
  - W2 (2019)
  - Verification of Employment Form
- ☐ If Unemployed:
  - Verification of Zero Earned Income Form
- ☐ Additional Eligibility Information (Documents required)
  - Foster child
  - Child with an incarcerated parent
  - Child in the custody of/living with a family member other than mother or father
  - Child with immediate family member arrested for or convicted of drug-related offenses
  - Child with a parent activated for overseas military duty
- ☐ Proof of Residency
- ☐ Well Child Screening Form (will receive form with acceptance letter)
- ☐ USDA Food Program Eligibility Form (will receive form with acceptance letter)

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: \_\_\_\_\_ School District Residing In: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date completed: \_\_\_\_\_

Items needed:

- \_\_\_ ABC Child Application
- \_\_\_ Birth Certificate
- \_\_\_ Social Security Card
- \_\_\_ Immunization Record
- \_\_\_ Proof of Income
- \_\_\_ Proof of Residency
- \_\_\_ Well Child Screening Form
- \_\_\_ Food Program Eligibility Form

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**FOR OFFICE USE ONLY**

School District: \_\_\_\_\_

Assigned Class: \_\_\_\_\_

Tuition Fee: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Student Name: \_\_\_\_\_

School District Residing In: \_\_\_\_\_

**ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS  
CHILD APPLICATION****PRIMARY CAREGIVER INFORMATION**

(Parent or guardian with most contact with child)

Primary Caregiver Name (First/Middle/Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Current Housing: Homeless \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Date \_\_\_\_\_

Previous Housing: Homeless \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Date \_\_\_\_\_

Employment Status (Full Time/Part Time): \_\_\_\_\_ Employer Name: \_\_\_\_\_

Education Level (High school, college, etc.): \_\_\_\_\_ If attending school, where: \_\_\_\_\_

Medical Insurance (Yes or No) Name of Insurance: \_\_\_\_\_

**Secondary CAREGIVER INFORMATION**(2<sup>nd</sup> Parent or guardian in household with child and is used for determining eligibility)

Secondary Primary Name (First/Middle/Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Housing: Homeless \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Date \_\_\_\_\_

Previous Housing: Homeless \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Date \_\_\_\_\_

Employment Status (Full Time/Part Time): \_\_\_\_\_ Employer Name: \_\_\_\_\_

Education Level (High school, college, etc.): \_\_\_\_\_ If attending school, where: \_\_\_\_\_

Medical Insurance (Yes or No) Name of Insurance: \_\_\_\_\_

### HOUSEHOLD INFORMATION

Number in family (#of immediate family members living in the house. (Parent, Guardian, 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:

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### CHILD INFORMATION

Name (First/Middle/Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Has the child attended state-funded Pre-K (ABC) program before: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

Will this child be enrolled in a HIPPY Program (Home Instruction for Parents of Preschool Youngsters)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which HIPPY Program? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Does the child have any special dietary needs? \_\_\_\_\_

Is the child receiving any special education services? \_\_\_\_\_

Medical Insurance (for child): \_\_\_\_ Yes \_\_\_\_ No

Specify: \_\_\_\_ Aetna Global Benefits \_\_\_\_ AHA Care \_\_\_\_ Ambetter \_\_\_\_ ARKids 1<sup>st</sup> \_\_\_\_ ARKids A \_\_\_\_ ARKids B  
\_\_\_\_ Blue Advantage \_\_\_\_ Blue Cross Blue Shield \_\_\_\_ CareFirst \_\_\_\_ Cigna \_\_\_\_ Health Network for Louisiana  
\_\_\_\_ Medicaid \_\_\_\_ Medicare \_\_\_\_ Private Health Coverage \_\_\_\_ QualChoice \_\_\_\_ TriCare  
\_\_\_\_ United Healthcare

### 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 Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.

Signature of Primary Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

E-School  
School District Information

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are they a twin: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 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 \_\_\_\_\_

## Sliding Fee Scale-Up to 250% FPL 2020 - 2021

Family Size	up to 200%	up to 212.5%	up to 225%	up to 237.5%	up to 250%	Not eligible
1	\$0 - \$2,126.67	\$2,126.68 - \$2,259.58	\$2,259.59 - \$2,392.50	\$2,392.51 - \$2,525.42	\$2,525.43 - \$2,658.33	\$31,900.08
2	\$0 - \$2,873.33	\$2,873.34 - \$3,052.92	\$3,052.93 - \$3,232.50	\$3,232.51 - \$3,412.08	\$3,412.09 - \$3,591.67	\$43,100.16
3	\$0 - \$3,620.00	\$3,620.01 - \$3,846.25	\$3,846.26 - \$4,072.50	\$4,072.51 - \$4,298.75	\$4,298.76 - \$4,525.00	\$54,300.12
4	\$0 - \$4,366.67	\$4,366.68 - \$4,639.58	\$4,639.59 - \$4,912.50	\$4,912.51 - \$5,185.42	\$5,185.43 - \$5,458.33	\$65,500.08
5	\$0 - \$5,113.33	\$5,113.34 - \$5,432.92	\$5,432.93 - \$5,752.50	\$5,752.51 - \$6,072.08	\$6,072.09 - \$6,391.67	\$76,700.16
6	\$0 - \$5,860.00	\$5,860.01 - \$6,226.25	\$6,226.26 - \$6,592.50	\$6,592.51 - \$6,958.75	\$6,958.76 - \$7,325.00	\$87,900.12
7	\$0 - \$6,606.67	\$6,606.68 - \$7,019.58	\$7,019.59 - \$7,432.50	\$7,432.51 - \$7,845.42	\$7,845.43 - \$8,258.33	\$99,100.08
8	\$0 - \$7,353.33	\$7,353.34 - \$7,812.92	\$7,812.93 - \$8,272.50	\$8,272.51 - \$8,732.08	\$8,732.09 - \$9,191.67	\$110,300.16
<b>FEE %</b>	<b>No Fee</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>80%</b>	<b>Full Rate</b>
<b>Monthly Center/FH Fee (per child)</b>	<b>\$0</b>	<b>\$ 99.32</b>	<b>\$ 198.64</b>	<b>\$ 297.96</b>	<b>\$ 397.28</b>	<b>\$ 496.60</b>

For families/households with more than 8 persons, add \$4,480.00 for each additional person.