



**Sabine Early Childhood Community Network Lead Agency  
Enrollment Application 2026 – 2027**

REGISTRATION DATE: \_\_\_\_\_ ENROLLMENT DATE: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Primary Language in the Home: \_\_\_ English \_\_\_\_\_ Other (please specify)

Ethnicity: \_\_\_ White \_\_\_ Black/African American \_\_\_ Asian \_\_\_ Hispanic/Latino  
\_\_\_ American Indian \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Other

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State: Louisiana Zip \_\_\_\_\_

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

Email address \_\_\_\_\_ Phone #: \_\_\_\_\_

TRANSPORTATION: \_\_\_ Parent will bring \_\_\_ Ride Bus  
Head Start Bus \_\_\_\_\_ Bus Number 1 \_\_\_\_\_ Bus Number 2 \_\_\_\_\_

My child has my permission to ride the bus to and from school \_\_\_\_\_

(Parent Signature)

COORDINATED ELIGIBILITY DETERMINATION:	
___ SPSB UNIVERSAL PRESCHOOL ___ Faithlynn's Learning Academy	
RECEIVED COPY OF:	
___ Child's Birth Certificate	
___ Louisiana Driver's License(parent/guardian)	ELIGIBILITY
___ Social Security Card	___ Head Start
___ Verification of Residency	___ LA-4
___ Income Verification	___ 8G
___ Insurance Card	___ Local

CERTIFICATION: I certify that this information is true. If any part is false, my participation in this agency's program may be jeopardized. I also understand the information in this application will be held in strict confidence with the Sabine Parish School Board. My signature below is in agreement that any person listed on the emergency list has my permission to receive my child from the bus or from school.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



Person with whom the child lives: \_\_\_\_\_

MOTHER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Louisiana Zip \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

FATHER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Louisiana Zip \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

GUARDIAN:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Louisiana Zip \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

**FAMILY & HOUSEHOLD INFORMATION:**

Brothers & Sisters	Date of Birth	
1		
2		
3		
4		
5		
Other members:	Date of Birth	Relationship
1		
2		

Does your child have any suspected or identified disabilities? If so, please list them below.

\_\_\_ No, my child does not have a suspected or identified disability.

\_\_\_ Yes, Identified Disability: \_\_\_\_\_

Suspected Disability: \_\_\_\_\_

Behavioral Needs/Mental Health: \_\_\_\_\_

Does your child have any food allergies? \_\_\_ Yes \_\_\_ No

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_





**HOUSEHOLD INFORMATION/ELIGIBILITY WORKSHEET**

**Primary Parent/Guardian:** \_\_\_\_\_

Live with Child  Yes  No

Employed or in School:  Employed  In School  Neither Employed or in School

Place of Employment \_\_\_\_\_ (must have 2 consecutive check stubs)

**Secondary Parent/Guardian:** \_\_\_\_\_

Live with Child  Yes  No

Employed or in School:  Employed  In School  Neither Employed or in School

Place of Employment \_\_\_\_\_ (must have 2 consecutive check stubs, if you live in the same household with the child)

Number of adults in the household who support children financially \_\_\_\_\_

Family Type:

2 parent family

Single parent family

Foster Family

Other family type: Specify \_\_\_\_\_

Number of adults in family: \_\_\_\_\_ Number of children: \_\_\_\_\_

Income verified by:

2 consecutive check stubs

How often do you receive pay:

Weekly  Twice a month  Every 2 weeks  Monthly

Yearly Gross income: \$ \_\_\_\_\_

An official letter from employer

SNAP/TANF (must include child's name and valid effective dates)

SSI benefits

Declaration of Income for Irregular Employment

Zero Income

Current foster care placement agreement from DCFS

Families in a temporary living arrangement due to loss of house or economic hardship

Other (Current year income tax documentation W2/Tax documentation)