Cleveland County School District Head Start ABC Program

P. O. Box 600-100 East Second Street Rison, AR 71665

Phone: 870-325-6324 **Fax: 870-325-6602**

Child's Name ______________________________ Date of Birth ____________

Primary Caregiver Information			
Name (First, Middle, Last)			
Date of Birth:	SSN:	Ethnicity/Race:	
Gender: M / F	E-mail address:	Language:	
Cell Phone:	Relationship to child:		
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:	
Work Schedule			
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:	Relationship to child:		
Gender: M / F	E-mail address:	Language:	
Physical Address: ☐ (Same as Primary)			
Mailing Address:			
City:	State:	Zip :	County:
Work Hours:	Employer Name:		
Work Schedule			
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	
# in Family:	# in Household
List the name and relationship to the child of all family members living in the house:	
Name:	Relationship:

Which center are you applying for:

Kingsland **Woodlawn**

Enrollment Date: ______________________________ Center:______________________________

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

I ______________________________ ___________________ of ________________________________

Parent/Guardian's Name Relationship Child's Name

Do herby request and give consent to the caregiver of the CCSD Head Start-ABC Program, 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 Caregiver or their duly appointed representative, to transport said child for emergency medical treatment, if parent(s) cannot be reached.

____ ____________________________________

Parent/Guardian Signature Date

Signature

I declare under the penalty of perjury and the rules and regulations of the CCSD Head Start-ABC Program 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:

Please initial each statement to indicate you have read and agree with each statement listed:

_____ I give *CCSD-HS-ABC Program* permission for my child to be **photographed** for preschool use.

_____ I give CCSD-HS-ABC Program permission to use pictures or videos of my child on **Social Media** (**Preschool Facebook page**)

_____ I have received a **Kindergarten Readiness Calendar**.

_____ I have received and read the CCSD-HS-ABC Program **Handbook**.

_____ I give CCSD-HS-ABC Program permission to apply **sunscreen** on my child.