



Coordinated Application for Publicly Funded Programs in the Caddo Parish Early Childhood Community Network

Student Information (please print)

Legal Name: _____
First Middle Last

Birthdate: ____/____/____ Gender: ____ Male ____ Female

Language Spoken in the Home: Primary _____ Secondary _____

Parent/Legal Guardian Information (please print)

Legal Name: _____

Residential Address: _____
First Middle Last
Street Apt/Unit/Lot Number City State Zip Code

Mailing Address: _____
Street Apt/Unit/Lot Number City State Zip Code

Home Phone Number: _____ Cell Phone Number: _____

I am interested in the following programs for my child. Indicate your choice in programs by ranking the below with a 1, 2 and 3.

_____ Child Care Centers (infants to 4 year old toddler and preschool classes available)

_____ Early Head Start (infants to 3 year old toddler and preschool classes available)
Head Start (3 and 4 year old preschool classes available)

_____ Public School PreK (4 year old preschool classes available)

By completing this form, I understand that my child's information will be shared with the Caddo Smart Start Network. I also understand that this Coordinated Application form does not guarantee a placement for my child in any one of the programs listed above and that additional registration information may be required for final registration/enrollment into a program.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Return this Referral Form to:
Caddo Smart Start Early Childhood Community Network
Caddo Parish Public Schools
Department of Exceptional Children
2226 Murphy Street
Shreveport, LA 71105
ATTN: Pam Crook