



**2018-2019 Coordinated Application for Publicly Funded Programs in the Caddo Parish
Early Childhood Community Network**

Child's 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: _____
 First Middle Last

Residential Address: _____
 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: _____

Person child resides with: _____ Relationship to Child: _____

Number of Adults in the Home? ___ Children? ___ Gross Monthly Income: _____

I am interested in the following programs for my child. Write in the name of each Program as indicated by 1st, 2nd and 3rd choice.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

I certify that, to the best of my knowledge, the information provided in this application is true and accurate. 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 Coordinated Application to:
The Program of your choice as listed above
OR
Caddo Smart Start Early Childhood Community Network
Caddo Parish Public Schools
Department of Exceptional Children
2226 Murphy Street
Shreveport, LA 71105
ATTN: Pam Crook