## ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS



## **Child Application**



Primary Caregiver Information (Parent or Guardian with most contact with child)						
Name (First, Middle, Last)	dient of Guardian wit	in most conta	act with child)			
Date of Birth:	SSN:		Ethnicity/Race:			
Gender: M / F E-mail addre			Language:			
Cell Phone:		Relationship t				
Marital Status:	Food Stamp/SNAP: (Y		Receiving WIC: (Yes/No)			
Physical Address:	( )	, -,	S			
Mailing Address:						
City:	State:	Zip :	County:			
Employment Status (FT, PT):	Employer Name:		Work Zip	):		
Education Level: Did not complete H		school, Some C	College, Certificate, Associate De	gree, Bachelor		
or Advanced Degree			-			
If attending school, where:		# of semester hours:				
Current Housing (Own, Rent, Homel	ess, Other)	Current Housing Date:				
Has family moved in 24 Months: (Y	es/No)	Disabled: (Yes/No)				
Veteran of United States Military: `	Yes / No	Member of US Military on active duty: (Yes/No)				
(2nd Parent or Guard	Secondary Care ian in household witl	_	ation used for determining eligibil	lity)		
Name (First, Middle, Last)						
Date of Birth:	SSN:		Ethnicity/Race:			
Cell Phone:		Relationship t	o child:			
Gender: M / F E-mail address:			Language:			
Physical Address:	nary)		•			
Mailing Address:						
City:	State:	Zip :	County:			
Employment Status (FT, PT):	Employer Name:		•			
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 U	S Military on active duty: $(Yes/N)$	lo)		
	Household	d Information	1			
# in Family:		# in Househol	d			
List the name and relationship to the child of all family men		nbers living in	the house:			
Name:		Relationship:				

	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 p	re-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 diet	Does the child have any special dietary needs?							
Receiving any special education serv	vices?							
	<b>Emergency Contact and Consent</b>	Information						
Emergency Contact if parent/guard	dian cannot be reached:							
Name:	Relationship:	Phone:						
Address:		*						
City:	State:	Zip:						
Physician Name:								
Address:		Phone:						
City:	State:	Zip:						
·	Consent for Emergency Medi	•						
l Parent/Guardian's Nam		of Child's Name						
•	' '							
	Do herby request and give consent to the Director/Caregiver of the Child Care Facility, 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.			• •					
appointed representative, to transp	_	·						
cannot be reached.	ort said crille for efficigency medica	ii treatilielit, ii parelit(s	1					
cannot be reached.								
Parent/Guardia	an Signature	 Date						
r arenty duardic	-	Date						
I de de la completa del la completa de la completa	Signature	h a Aulianaaa Battan Cha						
I declare under the penalty of perjui	-							
	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 Careg	iivor:	Date:						
	tement to indicate you have read ar		amant listad:					
r lease ilitial each sta	terrient to marcate you have read an	id agree with each state	ement iisteu.					
Laive insert name of prog	ram normicsion for my shild to be	hotographed for proce	haalusa					
I give insert name of program permission for my child to be photographed for preschool use.								
I give insert name of 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 <i>insert name of program</i> Handbook.								
I give insert name of program permission to apply sunscreen on my child.								