

Name of Child _____ Name of School/Center _____

2019-2020 NSECD Student Information

Section 1: Child's Information

TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN

Please read and answer each item carefully. *Incomplete forms will NOT be considered.* Please **PRINT** clearly.

Child's Name: _____ Date of Birth: ____/____/20____

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ SSN: _____ Household Size: _____

Parent Email Address: _____

Name of parent(s) or legal guardian(s) with whom the child primarily resides: _____

What is their relationship to the child?

- | | |
|---|---|
| <input type="checkbox"/> Both Parents in same household | <input type="checkbox"/> Primary parent and step-parent |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only |
| <input type="checkbox"/> Other _____ | |

How many adults live in the household? _____

How many children under the age of 18 live in the household? _____

Check if this child is a *twin or a multiple birth*. Sibling(s) name(s): _____

Section 2: Eligibility Verification

TO BE COMPLETED BY THE PROVIDER



- If this student's eligibility is being determined for the first time, you **MUST** complete the Family Eligibility Worksheet or the determination worksheet provided by your Network.
- If the student's eligibility has already been determined by your Community Network, you may continue with this section.

Please indicate the documentation you have on file for this student. *Incomplete verification checklists will not be approved:*

- Income Eligibility Documentation: DirectMatch, Check stubs, SNAP, etc. (Type: _____)
- Birth Certificate (Date of birth and parent/guardian verified.)
 - Appropriate custody documentation verified and attached, if applicable. (Type: _____)
- LINKS Immunization Record (Exp. Date: _____)
- Verification of Louisiana Residency (Type: _____)

TO BE CERTIFIED BY THE PROVIDER: *I confirm that the information provided on this form has been submitted by the parent/legal guardian, is true and correct to the best of my knowledge, and is currently on file. I have verified the above documents as are applicable. I understand that I may be audited for accuracy and eligibility. I further understand that should this student be found ineligible, the agency, organization, district, school or center may be required to return any funds received for this child or future funds may be reduced.*

Signature of Authorized School Personnel

Name of Child _____ Name of School/Center _____

Section 3: Parental Choice Certification and Slot Confirmation

Parents: Please read each item carefully and sign below. Incomplete forms will NOT be considered:

By signing below, I understand and agree to all of the following:

1. My child is eligible for the Nonpublic Schools Early Childhood Development (NSECD) Program because he or she meets the eligibility requirements listed in the NSECD Eligibility & Enrollment Procedures and Provider Responsibilities.
2. I have chosen and voluntarily elect to have my child attend the above named school as a participant in the NSECD Program. I acknowledge that by confirming my child's attendance at the above named school, his/her name will be removed from the rosters at any other school(s) where I may have applied. I further acknowledge that should I sign a Slot Confirmation Form at more than one school, the school my child will attend will be assigned by the NSECD Office and may not be my first choice.
3. The information provided on my child's application is true and correct to the best of my knowledge. I also acknowledge that all documentation submitted is accurate and authentic. If the information changes, I will notify a program staff person of the new information.
4. I will ensure that my child regularly attends classes and regularly arrives on time during the school year, and I understand that my child must attend four (4) instructional hours on a given school day in order for my child to be credited for attending school.
5. It is my responsibility, to apply to the Free and Reduced Meal Program offered by the school (as applicable in my district), and if my child does not qualify for the Free and Reduced Meal Program, it is my responsibility to pay the cafeteria fees required by the school. I further understand that my child may be disenrolled if there is an outstanding balance for three (3) months.
6. The school I have chosen must agree to provide high-quality, developmentally appropriate early childhood development classes under the terms and conditions listed in the NSECD Eligibility & Enrollment Procedures and Provider Responsibilities in order to be eligible to participate in the NSECD program and to receive reimbursement for teaching my child.
7. I give permission for the school, NSECD program officials, and any state-affiliated researchers to collect and use any of my child's personally identifying information and assessment data during his or her school years to evaluate the efficacy of the program, deliver support services, and for other lawful purposes.
8. It is my responsibility to provide for my child: uniforms, material or supply fees, field trip costs, before and after school enrichment program fees, and any other expenses for voluntary student activities outside the 6-hour instructional day as required by the school. I also acknowledge that my child may be disenrolled for nonpayment of before and after school care fees if there is an outstanding balance for three (3) consecutive months.
9. The school I have chosen will receive payment on my behalf of my child from the Department of Education, and if my child does not attend classes regularly enough for the school to be reimbursed for two consecutive months, my child may be removed from the NSECD Program, and the school will receive no payment for any educational services delivered to my child during this time period.

Signature of Parent/Guardian

____/____/____
Date

COMPLETED FORMS SHOULD BE RETURNED TO

Brenda Pikes
Office of Early Childhood
1201 N. 3rd Street, 4th Floor
Baton Rouge, LA 70802