ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS CHILD APPLICATION

Application Date:	Enrollment Date:				
PRIMARY CAREGIVER INFORMATION (Parent or guardian with most contact with child)					
*Name(First/Middle/Last):		Gender:			
		Male Female			
*Date of Birth:	Day Phone:	Evening Phone:			
*Current address:		E-Mail:			
*City:	*State:	*ZIP Code:			
*County:	Disabled: Yes No	Race:			
Language (primary):	Other Language:	*Marital Status:			
Child Medical Insurance: Yes No	Specify Insurance:				
*Employment Status (FT, PT):	Employer Name:				
Employment City:	State:	Employment Zip Code:			
*# of hrs per week:	*Education Level (high schoo	on Level (high school, college, etc.)			
If attending school, where:		# of semester hours:			
Annual Income From Work Sources or Unemp	olovment:	*Food Stamps/SNAP: Y N			
SECONDARY CAREGIVER INFORMATION					
(2nd Parent or guardian in household with child and is used for determining eligibility)					
*Name(First/Middle/Last):		Gender:			
	In a	Male Female			
*Date of Birth:	Day Phone:	Evening Phone:			
*Current address:	Tra	E-Mail:			
*City:	*State:	*ZIP Code:			
*County:	Disabled: Yes No	Race:			
Language (primary):	Other Language:	*Marital Status:			
Child Medical Insurance: Yes No	Specify Insurance:				
*Employment Status (FT, PT):	Employer Name:				
Employment City:	State:	Employment Zip Code:			
*# of hrs per week:					
If attending school, where:		# of semester hours:			
Annual Income From Work Sources or Unemployment:		*Food Stamps/SNAP: Y N			
HOUSEHOLD INFORMATION					
		oved in last 24 months: Y N			
*Number in Family (The number of immediate family members living in house. (Parent, Guardian, Siblings):					
*Number in Household (The total number of	people living in the house):				
List the name and relationship to the child enrolled of all family members in the household:					
Name:		Relationship:			

^{*}Must be entered into COPA.

CF	IILD INFORMATION				
*Name(First/Middle/Last):			Gender:		
			Male	Female	
*Date of Birth:	*Social Security Number:				
*Race:	*US Citizen Yes	No			
Has this child attended a state-funded pre-K	If so, where?				
(ABC) program before? Yes No					
Will this child be concurrently enrolled in an	If so, which HIPPY or PAT?				
ABC center and HIPPY or PAT program?					
Yes No					
List any allergies:					
Does the child have any special dietary needs	?				
Receiving any special education services?					
*Previously in Foster Care: Yes No	Birth Weight:				
Primary Language:	Secondary Language:				
Speak English at Home: Yes No	School District child lives in:				
	ACT AND CONSENT IN	FORMATION			
Name of emergency contact if parent/guardia		- OKI IA IZOK			
Parenty guardia	ii caillot be reached.				
Address:		Phone:			
City:	State:	ZIP Code:			
Relationship:	State.	ZII Couc.			
Physician Name:					
Address		Phone:			
City:	State:	ZIP Code:			
Hospital Preference:	State.	Phone:			
	or Emorgonov Modical				
Consent for Emergency Medical Care					
	_				
Ι ,	of				
Parent/Guardian's Name	Relationship to Child	Child's	s Name		
Do hereby request and give consent to the	Director/Caregiver of the Child	Care Facility, or the	eir duly an	pointed	
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 the parent(s) cannot be reached.					
Consent is also given for the Director/Caregiver or their duly appointed representative to transport said child for					
emergency medical treatment, if parent(s) cannot be reached.					
Cificing incurcal	treatment, in parent(3) cannot	Teachea.			
Parent/guardian sigr	nature	D	ate		
	SIGNATURE				
I declare under the penalty of perjury a	and the rules and regulation	s of the Arkansa	s Better	Chance	
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.					
programs and criminal prosecution.					
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Signature of Primary Ca	aregiver:	<u> </u>	ate		

^{*}Must be entered into COPA.