



# Arkansas Better Chance For School Success 2009-2010 Child Application

## PRIMARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

Name:		
Date of Birth:	Home Phone:	Work Phone:
Current address:		
City:	State:	ZIP Code:
Employment Status (FT, PT):	Employer Name:	
# of work hrs per week:	Education Level (high school, college, etc.):	
City:	State:	ZIP Code:
If attending school, where:		# of semester hours:
Number in Family:	Number in Household:	Primary Language:
Annual Income From Work Sources or Unemployment:		

## SECONDARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

Name:		
Date of Birth:	Home Phone:	Work Phone:
Current address: <input type="checkbox"/> same as Primary Caregiver		
City:	State:	ZIP Code:
Employment Status (FT, PT):	Employer Name:	
# of work hrs per week:	Education Level (high school, college, etc.):	
City:	State:	ZIP Code:
If attending school, where:		# of semester hours:
Annual Income From Work Sources or Unemployment:		

## CHILD INFORMATION

Name:		
Date of Birth:	Social Security Number:	
Gender:	Ethnicity:	Primary Language:
Has this child attended a state-funded pre-K (ABC) program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	
Will this child be concurrently enrolled in an ABC center and HIPPIY or PAT program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which HIPPIY or PAT?	
List any allergies:		
Does the child have any special dietary needs?		
Receiving any special education services?		

## EMERGENCY CONTACT (OTHER THAN CAREGIVER)

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct. 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 Caregiver:	Date:
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