



ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS 2010-2011 CHILD APPLICATION

PRIMARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

*Name(First/Middle/Last):		*Gender:
*Date of Birth:	Home Phone:	Work Phone:
*Current address:		
*City:	*State:	*ZIP Code:
*Employment Status (FT, PT):	Employer Name:	
Employment City:	State:	Employment Zip Code:
*# of hrs per week:	*Education Level (high school, college, etc.)	
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:		*Gender:
*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:	
Employment City:	Employment State:	Employment ZIP Code:
# of hrs per week:	Education Level (high school, college, etc.)	
If attending school, where:		# of semester hours:
Annual Income From Work Sources or Unemployment:		

CHILD INFORMATION

*Name:		*Date of Birth: ___/___/___
*Parental Status:	*Social Security Number:	
*Gender:	*Ethnicity/Race:	*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:

*Must be entered into COPA.