

2024-2025

Union Parish Child Care Application



(For Type III Childcare Centers and Pre K Programs)

Date of application: _____

Childcare Center -- 1st Choice

- Doodlebugs Early Learning Center
- Downsville Community Charter School
- Farmerville Head Start
- The Gingerbread House Day Care
- Granny's Childcare Center
- Heavenly Devine Early Learning Center
- Jack and Jill Childcare Center
- Kingdom Kids Childcare Center
- Little Peeps Early Learning Center
- Union Head Start
- Union Parish Elementary School

Childcare Center -- 2nd Choice

- Doodlebugs Early Learning Center
- Downsville Community Charter School
- Farmerville Head Start
- The Gingerbread House Day Care
- Granny's Childcare Center
- Heavenly Devine Early Learning Center
- Jack and Jill Childcare Center
- Kingdom Kids Childcare Center
- Little Peeps Early Learning Center
- Union Head Start
- Union Parish Elementary School

Childcare Center 3rd Choice

- Doodlebugs Early Learning Center
- Downsville Community Charter School
- Farmerville Head Start
- The Gingerbread House Day Care
- Granny's Childcare Center
- Heavenly Devine Early Learning Center
- Jack and Jill Childcare Center
- Kingdom Kids Childcare Center
- Little Peeps Early Learning Center
- Union Head Start
- Union Parish Elementary School

How many people are in household? Adults _____ Children _____

Please list child's allergies: _____

Please list child's medications: _____

Child's Information:

First Name _____ Last Name _____
Street Address _____
City _____ State _____ ZIP _____

Male or Female Date of Birth _____

Do Early Steps serve your child? Yes No
Does your child have either of these? IFSP IEP No

Parent or Guardian: _____
Phone number: _____
Place of Work: _____ work phone number: _____

Parent or Guardian email address: _____

Parent or Guardian: _____
Phone number: _____
Place of Work: _____ work phone number: _____

Parent or Guardian email address _____

Emergency Contact:

In the event of an emergency, please contact:

(This should **NOT** be the same person listed as parent/guardian. Parent/Guardian is always our 1st contact.)

Name _____ relationship to child: _____
Phone number _____
Secondary phone number _____

Parent's Signature:

Date:

Children’s Ethnic and Racial Identities:

- Hispanic/Latino
- Not Hispanic/Latino
- Asian American
- Black/African American
- White
- Other: _____
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander

Household information:

List people in household:

- 1. _____ **relation to child** _____
- 2. _____ **relation to child** _____
- 3. _____ **relation to child** _____
- 4. _____ **relation to child** _____
- 5. _____ **relation to child** _____

How often is parent paid? Weekly, bi weekly, monthly, two times a month
(please circle one)