Ready Start Morehouse Network Coordinated Application- Program Preference Change Form

For families that would like to make changes to their program preference rankings when they are placed on the site or community waitlists.

Date of Program Preference Changes Made: _____

Student Information

Child's Name: _____
          First   Middle Initial   Last

Date of Birth: ___ ___/___ ___/___ ___ ___ ___   SSN: _____

Gender: ☐Male   ☐Female   **Race:** ☐Caucasian ☐ African American ☐ Other:_____

Phone Number: _____   **E-mail:** _____

Physical Address: _____
                 Street

_____
                 City   State   Zip Code

Mailing Address: _____
                 Street

_____
                 City   State   Zip Code

Name of Person the child resides with: _____

Relationship with Child: _____

Select the new choice preference of program order on following page

Program Preference Updates

<u>Instructions:</u> Select ONE program from EACH COLUMN in order of preference. Only rank programs for which you are eligible.

Choice 1	Choice 2	Choice 3
☐ Beekman (Charter School)	☐ Beekman (Charter School)	☐ Beekman (Charter School)
☐ Little One's (Child Care, **PDG Birth-3**)	☐ Little One's (Child Care, **PDG Birth-3**)	☐ Little One's (Child Care, **PDG Birth-3**)
☐ Little Angels (Child Care, **PDG Birth-3**)	☐ Little Angels (Child Care, **PDG Birth-3**)	☐ Little Angels (Child Care, **PDG Birth-3**)
☐ MCIO Head Start- Bastrop (Head Start)	☐ MCIO Head Start- Bastrop (Head Start)	☐ MCIO Head Start- Bastrop (Head Start)
☐ Morehouse Parish Schools (School)	☐ Morehouse Parish Schools (School)	☐ Morehouse Parish Schools (School)
☐ Our House (Child Care)	☐ Our House (Child Care)	☐ Our House (Child Care)
☐ Prep Center (Child Care)	☐ Prep Center (Child Care)	☐ Prep Center (Child Care)

**Ranking a program 1st or 2nd DOES NOT guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences for siblings/residential area.

I, the undersigned, understand that only ONE application needs to be filled out for my child, and I hereby give my permission for the information provided here to be shared with the Children's Coalition for Northeast Louisiana - Lead Agency and programs/PDG Coordinator (the choices I designated above) in the Ready Start Richland Network.

_____   _____
Print Name of Parent/Guardian: **Date of Birth:**

_____   _____
Parent/Guardian Signature: **Date:**