ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS

Child Application
DREAM Preschool

Primary Caregiver Information
(Parent or Guardian with most contact with child)

Name (First, Middle, Last)			
Date of Birth:	SSN:	Ethnicity/Race:	
Gender: M / F	E-mail address:	Language:	
Cell Phone:	Consent to Text Messages: (Yes / No)		
Marital Status:	Food Stamp/SNAP: (Yes/No)	Receiving WIC: (Yes/No)	
Physical Address:			
Mailing Address:			
City:	State:	Zip :	County:
Employment Status (FT, PT):	Employer Name:	Work Zip:	
Education Level: GED, High school, Some College, Certificate, Associate Degree, Bachelor or Advanced Degree			
If attending school, where:	# of semester hours:		
Current Housing (Own, Rent, Homeless, Other)	Current Housing Date:		
Has family moved in 24 Months: (Yes/No)	Disabled: (Yes/No)		
Veteran of United States Military: Yes / No	Member of US Military on active duty: (Yes/No)		

Secondary Caregiver Information
(2nd Parent or Guardian in household with child and is used for determining eligibility)

Name (First, Middle, Last)			
Date of Birth:	SSN:	Ethnicity/Race:	
Cell Phone:	Consent to Text Messages: (Yes / No)		
Gender: M / F	E-mail address:	Language:	
Physical Address: (Same as Primary)			
Mailing Address:			
City:	State:	Zip :	County:
Employment Status (FT, PT):	Employer Name:		
Employment Zip Code:	Disabled: (Yes/No)		
If attending school, where:	# of semester hours:		
Education Level: GED, High school, Some College, Certificate, Associate Degree, Bachelor or Advanced Degree			
Veteran of United States Military: (Yes / No)	Member of US Military on active duty: (Yes/No)		

Household Information

# in Family:	# in Household
List the name and relationship to the child of all family members living in the house:	
Name:	Relationship:

Child Information			
Name (First, Middle, Last)			
Date of Birth:	Social Security Number:		Gender: M / F
Ethnicity/Race:	US Citizen: Yes / No	Primary Language:	
Medical Insurance:	ARKids #		
Has child attended a state-funded pre-k (ABC) program before? (Yes / No)			
If so, where?			
Will this child be concurrently enrolled in an ABC center and HIPPY or PAT program? Yes / No			
If so, which HIPPY or PAT Program?			
List any allergies (food, insects, etc..):			
Does the child have any special dietary needs?			
Receiving any special education services?			

Emergency Contact and Consent Information		
Emergency Contact if parent/guardian cannot be reached:		
Name:	Relationship:	Phone:
Address:		
City:	State:	Zip:
Physician Name:		
Address:	Phone:	
City:	State:	Zip:

Consent for Emergency Medical Care

I ______________________________ __________________ of ________________________

Parent/Guardian Name Relationship Child's Name

Do herby request and give consent to the Director/Caregiver of the Child Care Facility, or their duly appointed 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 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.

______________________________________ ________________________________

Parent/Guardian Signature Date

Signature

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 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 ADE programs and criminal prosecution.

______________________________________ ________________________

Signature of Primary Caregiver: Date:

Please initial each statement to indicate you have read and agree with each statement listed:

______I give DREAM ABC Program permission for my child to be **photographed** for preschool use.

______I give DREAM ABC Program permission to use pictures or videos of my child on **Social Media** (**DREAM Facebook page**)