The University of Arkansas at Pine Bluff Early Head Start-Child Care Partnership 1200 North University Drive, Pine Bluff, Arkansas 71601 (870) 575-8817

Application/Recruitment Process

If you need any assistance getting the required information or completing the application or if any of your contact information changes, please contact us.

1 ne	enrollment process of your child is not complete without all the information listed below:						
	Application- completed, signed, and dated						
	Proof of Residency: (Utility bill, State or Federal ID, Completed current Lease Agreement, or						
	Current Mortgage Payment that listed the address)						
	Parent and child social security card						
	Driver's License or Photo Identification Card						
	Birth Certificate (or other official verification of the child's age)						
	*Family proof of income: (one of the following) Check Stubs, Verification of Employer, Self-						
	Employment – 1040 schedule C, Unemployment Benefits/ Workers Compensation, SSI or SS,						
	Va Benefits/ Pensions, Retirement Income, Tea/Work Pay, Royalties, Work-Study Income,						
	Child Support Proof, Contributions, etc.						
Or							
	School Schedule						
	Immunization or shot record						
	Dental screen						
	☐ Physical with Lead & Hematocrit or Hemoglobin level listed						
	Child's Medical or insurance card (if applicable)						
	IFSP (for a child with suspected or diagnosed disabilities)						
	Documentation from a physician of any diagnosed medical conditions such as but not limited						
	to; Asthma, Diabetes, Sickle Cell, Anemia, etc., and any prescribed medications that would						
	need to be administered during school hours.						
	*The documentation needs to reflect the preceding 12 months of income. This is a federally funded						

We will notify you as soon as possible whether your child is eligible and has a space in our program. If your child is eligible but there is no space available, he/she may be placed on a waiting list. Our program selects applicants based on selection priority and not on a first come first serve basis.

Sincerely,

UAPB EHS-CCP

NOTE: Our program does not provide transportation, and information about public transportation options/assistance is provided at each center.

Applicant & Family Member Information

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hone Number(s)		Type (check one)		Note (extension or bes	t time to call)	Opt-In f	pt-In for Text Messages		
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hild's Needs									
Does your child a d	isability (diagnos	sed by a doctor or	specialist)?		□Yes □N	0			
Does the child have	an IFP or IFSP	2			□ Yes □ No				
f yes, please lis t sp									
Emergency Con	tacts							98-348-1	
Name			Relationship		Emergency Cor	ntact	Releas	se To	
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Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Date