



University of Arkansas at Pine Bluff Early Head Start - Child Care Partnership



Mailing Address: 1200 North University Drive, Mail Slot 4971, Pine Bluff, Arkansas 71601
Office Phone: 870-575-8817 • Fax: 870-575-4684 • Email: fergusonl@uapb.edu

Bradley County Location:

- **First Presbyterian Childcare Center: 212 East Church Street, Warren, AR**

Chicot County:

- **Mother Goose Day Care Center: 239 Swanigan Street, Eudora, AR**

Drew County:

- **Head of the Class Childcare & Learning Center: 119 Shay Gillespie St., Monticello, AR**

Jefferson County Locations:

- **Ermer’s Learning Academy: 4006 Barraque Street, Pine Bluff, AR**
 - **Klassic Kidz: 614 South Cherry, Pine Bluff, AR**
 - **UAPB CDC: 1200 North University Drive, Pine Bluff, AR**
 - **Winston’s Tender Care: 1105 Olive Street, Pine Bluff, AR**

UAPB Early Head Start-Child Care Partnership Application Packet

Mission Statement

The University of Arkansas at Pine Bluff Early Head Start-Child Care Partnership is a comprehensive child development program that serves children from birth to 3 years of age and their families. It is a child-focused program having the overall goal of increasing the social competence and school readiness of young children from low-income families. Social competence is met by the child’s everyday effectiveness in dealing with either his or her present environment and later responsibilities in school and life. Social competence looks at the connection of social, emotional, cognitive, and physical development.

If you need assistance completing these forms, please let us know.
We will gladly assist you!

Sincerely,

LaTasha Ferguson

ERSEA Coordinator
Eligibility, Recruitment, Selection, Enrollment, Attendance
(870) 575-8817 | fergusonl@uapb.edu



Enrollment Process

The 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 lists the address)
- Parent and Child's 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. **(If receiving SSI/SSA, SNAP, WIC, Child Support- Documentation must be provided with the application)**
- School Schedule (if applicable)
- Signed DHS Early Head Start – Parent Letter
- Signed DHS Declaration of Asset Form
- 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 income over the preceding 12 months. This is a federally funded program, and income guidelines determine eligibility.

***** AN INCOMPLETE APPLICATION MAY DELAY YOUR CHILD'S ENROLLMENT*****

****Please submit all documents in color****

****Screenshots of documents are not permitted****

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 has 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-served basis.

Sincerely,

LaTasha Ferguson

ERSEA Coordinator

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Applicant & Family Member Information

Applicant									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little				<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate				<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None				<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility		Medicaid #	Doctor/Medical Home		
				<input type="checkbox"/> Not Eligible					
				<input type="checkbox"/> On Medicaid					
				<input type="checkbox"/> Potentially					
Dental Coverage		Dental Coverage #		Dentist/Dental Home					
Primary Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little				<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate				<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None				<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			If teen parent, subsidized?		
	<input type="checkbox"/> Master's						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:									
Secondary or Other Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race			Hispanic	English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little				<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate				<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None				<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship		Custody	Check all that apply:		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			If teen parent, subsidized?		
	<input type="checkbox"/> Master's						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:									
Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN		
Race			Hispanic	English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Yes	<input type="checkbox"/> Little				<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> No	<input type="checkbox"/> Moderate				<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial			<input type="checkbox"/> None				<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient				<input type="checkbox"/> Proficient	



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Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
Race		Hispanic	English Proficiency		Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

Family Information, Income & Contacts

Family Information							
Family Living Address							
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (extension or best time to call)		Opt in for Text Messages	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income								
Income Verified by		Verification Date	TANF Status		SSI	SNAP	WIC	WIC ID
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note		
	\$		\$					
	\$		\$					
	\$		\$					
Income Notes								



Emergency Contacts Information

Emergency Contacts				
Contact 1	Name		Relationship	
Address		ZIP	City	State
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 2	Name		Relationship	
Address		ZIP	City	State
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Contact 3	Name		Relationship	
Address		ZIP	City	State
Phone Number 1		Phone Number 2		Phone Number 3
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Certification: *I certify that this information is accurate. 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 regular business hours.*

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