



2015-2016 NSECD Open Enrollment Instructions for Parents Nonpublic Schools Early Childhood Development Program

- (1) Enrollment is year-round for the NSECD Program.
- (2) **Open Enrollment:** The *open enrollment* period will **start February 3, 2015 and end April 30, 2015** unless extended. Schools will be staffed during this period Monday through Friday from at least 9am to 4pm, not including official school holidays. Open enrollment means that every student is given an equal chance at program participation – **there is no first-come, first-served policy during Open Enrollment.** If a school is overenrolled, students who have enrolled with a *completed and approved* application will be chosen through a random lottery conducted by the Department of Education (LDE). During the open enrollment period, **parents must complete a Child Eligibility Packet per child per school.**

Child Eligibility Packet Must Include:

- NSECD-EZ Form & Parent Certification
- Birth Certificate
- LINKS Immunization Record
- Proof of Income
- Proof of Residence
- Social Security Card

- (3) For schools participating in the lottery, all child eligibility information must be submitted to the selected school(s) by close of business day **Wednesday, April 30, 2015.**
- (4) A computer generated lottery to select student participants will be held **Friday, May 1, 2015** at the close of business.
- (5) By **Monday May 4, 2015,** the NSECD Program Office will provide each school with:
1. A list of students that are selected from the lottery to participate;
 2. A waiting list to be exhausted **in the order in which the children are selected** by the lottery
- (6) Schools will notify parents of children that are selected from the lottery. Once notified, parents have **1 week (5 business days)** to inform the school if their child will be attending for the 2015-2016 school year.
- (7) To secure a seat for your child, parents must submit a Parental Slot Confirmation Form to the school of their choice. **If you do not respond to the school(s) within one week, your child will be dropped off of the accepted list and be placed at the bottom of the waiting list.**
- (8) If a child receives a slot at more than one school, parents are to **sign a Slot Confirmation form at ONLY the school they elect for their child to attend.** If Slot Confirmation Forms are signed at more than one school, the school the child will attend will be assigned by the NSECD Office and may not be the parent's first choice.



2015-2016 NSECD Student Application

INSTRUCTIONS: COMPLETED APPLICATION MUST BE SUBMITTED DIRECTLY TO SCHOOL(S) OF CHOICE ALONG WITH THE FOLLOWING: COPIES OF CHILD'S BIRTH CERTIFICATE, PROOF OF INCOME, PROOF OF LOUISIANA RESIDENCY, SOCIAL SECURITY CARD, LINKS IMMUNIZATION RECORD.

****FAILURE TO ANSWER ALL QUESTIONS OR SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION****

Section I: Child's Information

Child's Name: _____ Date of Birth: ____/____/20____

Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ SSN: _____ Family Size: _____

Parent Email Address: _____

Name(s) of person(s) with whom the child primarily resides: _____

What is their relationship to the child:

- Both Parents in same household
- Primary parent and step-parent
- Mother only
- Father only
- Other _____

If Other, legal guardian must provide one of the following:

- Court-issued documentation showing legal custody
- Provisional Custody by Mandate, appropriately notarized
- Military Power of Attorney, appropriately notarized

Check if this child is a *twin or a multiple birth*. Sibling(s) name(s): _____

Section 2: Eligibility Verification

Indicate the type of income included with application. You must submit at least one:

The child is automatically qualified if they receive one of the following (check all that apply; documentation must be submitted):

- SNAP/Food Stamps
- Free and Reduced Lunch (*in parishes where the application for participation is still required.*)

If they do not receive any of the items listed above, one of the following must be submitted (check items that apply):

- Two (2) consecutive check stubs for the current year (within 2 months from the date you are filling out this application) *for each parent or caregiver in the home.* (Use tables below to calculate.)
- SNAP/Food Stamps – must include the child's name and valid effective dates.
- An official letter from your employer stating
 - (1) Where you are employed
 - (2) Your hourly rate of pay
 - (3) The average number of hours you work per week.
- A statement from the Social Security Administration verifying that the child listed on the application is a recipient of SSI benefits, which must be accompanied by two current check stubs.
(Note: Parents that are homeless or unemployed must submit a letter of support and income documentation from support source).
- Other: _____
(Note: May be subject to review by the NSECD Office)

When a paycheck stub or a letter from your employer is submitted, your income eligibility is calculated by the following:

NSCED Worksheet on Family Income Eligibility

Countable Income Limits: 185% FPL		
Family Size	Gross Annual Income	Gross Monthly Income
1	21,774.50	1,814.54
2	29,470.50	2,455.88
3	37,166.50	3,097.21
4	44,862.50	3,738.54
5	52,558.50	4,379.88
6	60,254.50	5,021.21

Monthly Income Calculation Table: How to Translate Income into a Monthly Figure

Pay Period	Formula
Hourly	(Hourly wage x 40 hours per week) x 4.33
Monthly, <i>same gross pay each month</i>	Use gross salary
Paid exactly 2 times per month (e.g., 1 st and 15 th of month)	Gross salary x 2
Paid same gross amount every 2 weeks	(Gross salary ÷ 2) x 4.33
Weekly	Gross salary x 4.33

Section 3: Parental Choice Certification

By signing below, I understand and agree to all of the following:

1. That the information provided on this application is true and correct to the best of my knowledge. I also acknowledge that all documentation submitted is accurate and authentic. If the information changes, I will notify a program staff person of the new information.
2. That my child is eligible for the Nonpublic Schools Early Childhood Development (NSECD) Program because he or she meets the eligibility requirements listed in Part 1 of the NSECD Eligibility & Enrollment Procedures and Provider Responsibilities.
3. That in the event that more children apply than are accepted, a lottery will be held and my child's odds of being selected will be increased based on the number of schools I have applied to.
4. That in the event that I submit an application for my child at more than one school, I will have 5 business days following my notification to confirm or deny my child's placement on the schools roster or waiting list. I understand that failure to notify a school will result in my child's name being moved to the bottom of any waiting lists.
5. That I voluntarily choose to have my child go to school as part of the NSECD program.
6. That I give permission for the school, NSECD program officials, and any state-affiliated researchers to collect and use any of my child's personally identifying information and test data during his or her school years to evaluate the efficacy of the program, deliver support services, and for other lawful purposes.
7. That the school I have chosen must agree to provide high-quality, developmentally appropriate early childhood development classes under the terms and conditions listed in the NSECD Eligibility & Enrollment Procedures and Provider Responsibilities in order to be eligible to participate in the NSECD program and to receive reimbursement for teaching my child.
8. That I will ensure that my child regularly attends classes and regularly arrives on time during the school year, and I understand that my child must attend four (4) instructional hours on a given school day in order for my child to be credited for attending school.
9. That it is my responsibility to provide for my child: uniforms, materials or supply fees, field trip costs, before- and after-school enrichment program fees, and any other student expenses as required by the school. I also acknowledge that my child may be disenrolled for nonpayment of before- and after-school care fees if there is an outstanding balance for three (3) consecutive months.
10. That the school I have chosen will receive payment on my behalf of my child from the Department of Education, and if my child does not attend classes regularly enough for the school to be reimbursed for two consecutive months, my child may be removed from the NSECD Program, and the school will receive no payment for any educational services delivered to my child during this time period.
11. That it is my responsibility to apply to the Free and Reduced Meal Program offered by the school, and if my child does not qualify for the Free and Reduced Meal Program, it is my responsibility to pay the cafeteria fees. I further understand that my child may be disenrolled if there is an outstanding balance for three (3) months.

Name of Child: _____ **School Chosen:** _____

Signature of Parent/Guardian: _____

Printed Name: _____