



*Mrs. Lola Vallaire-Thomas*  
Early Childhood Supervisor

*Mrs. Delia Girouard*  
Early Childhood Facilitator

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Early Childhood Facilitator

*Mrs. Kimberly Vincent*  
Early Childhood Facilitator

## **VERMILION PARISH SCHOOLS**

**220 South Jefferson Street**

**P.O. Drawer 520**

**Abbeville, Louisiana 70511-0520**

**Phone (337) 893-3973**

### **Early Childhood Advisory Council:**

*Mrs. Felicia Bushnell*  
President

*Mrs. Angela Godwin*  
Vice President

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*Mrs. Melissa Guidry*  
Council

*Mrs. Amanda Clark*  
Council

To whom it may concern:

Eligibility requirements for registration into our Birth to 3 Childcare Tuition Program require that each adult applying for this program provide evidence of employment. The information provided by the employer should include the following information: employment date, employee name, employer contact information, weekly hours worked, and rate of pay. Please use the form attached to provide this information and contact me if you have any questions.

Thank you for your cooperation,

Kimberly Vincent

Birth-3 Facilitator

kimberly.vincent@vpsb.net

### **Employee release:**

I, \_\_\_\_\_, give my permission for my employer to release the information stated in the above letter to the Vermilion Parish Early Childhood Network and its network partners. I understand that this information will only be used to determine eligibility for childcare programs and may revoke my consent in writing at any time.

Employee Name (Printed): \_\_\_\_\_

Employee Name (Signed): \_\_\_\_\_

Date: \_\_\_\_\_



## Vermilion Parish Early Childhood Network Birth-3 Work Verification Form

Employee's Name	
Employment Start Date	
Employer Name	
Employer Address	
Employer Phone Number	
Employee Gross Rate of Pay (Rate of pay <i>BEFORE</i> any deductions. Ex: \$8/hour; \$600/week; \$1,200/month; \$24,000/year)	
Hours Worked (Ex: 20 hours/week; 80 hours every 2 weeks; 80 hours/month)	
Who may we contact to verify employment?	Name: _____ Title/Role: _____ Phone Number: _____ Email Address: _____

I understand that by completing this form I am agreeing to be contacted by a Vermilion Parish Early Childhood Network representative to verify employment. By signing below, I certify this information is true and accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### VPECN Office Use *ONLY*

Verification Date: \_\_\_\_\_

Verified By: \_\_\_\_\_

Comments:


### Declaration of Irregular Employment B-3 Seats Pilot FY 22-23

This form must be completed by any adult household members who are employed intermittently, self-employed, or who, for whatever reason, do not have tax forms, W-2 forms, check stubs, or applicable Department of Children and Family Services printouts to verify their income.

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_, state that my income or support comes from:

☐ Self-employment (provide most recent IRS Form 1099) \_\_\_\_\_

☐ Parents/Family (attach a statement from person providing support)

☐ Circle all that apply: Seasonal employment Irregular employment Cash payments

Provide gross income for the past 12 months:

Average Hours Worked per Week: \_\_\_\_\_ Average Monthly Earned Income: \_\_\_\_\_

Month	Gross Income	Average Weekly Hours Worked		Month	Gross Income	Average Weekly Hours Worked

Please attach a letter from employer(s) or contact information for employer(s) for verification.

*I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.*

Parent name (print) \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Approving Authority \_\_\_\_\_

Date \_\_\_\_\_

### STATEMENT OF NO INCOME

#### B-3 Seats Pilot

This form must be completed by the head of household, legal or non-legal spouse of the head of household, or minor unmarried parent aged 16-18 years if claiming zero income of any kind. This means the signing party is not receiving employment income, child support, social security income, or any other financial benefits.

Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

I, \_\_\_\_\_ (name), have not had any income of any kind for the past \_\_\_\_\_ months. I am (please check all that apply):

- ☐ Actively Seeking Employment
- ☐ Student
- ☐ Experiencing Homelessness
- ☐ Other (please explain) \_\_\_\_\_

My rent/mortgage payment, utilities, food, and transportation expenses are paid for by:

\_\_\_\_\_  
\_\_\_\_\_

*I certify that the above information which I have provided regarding my income is true and that any false statements or misrepresentation could affect the eligibility of my child to participate in a publicly-funded early childhood program.*

Name \_\_\_\_\_ (Print)

Name \_\_\_\_\_ (Sign)                      Date \_\_\_\_\_

#### Certification by Ready Start Network to be completed after Receiving from Family

Approving Authority (Ready Start Network Eligibility Team Member) \_\_\_\_\_ (Print)

Approving Authority (Ready Start Network Eligibility Team Member) \_\_\_\_\_ (Sign)

Approving Authority (Ready Start Network Eligibility Team Member) \_\_\_\_\_ (Date)



## STATEMENT OF EXEMPTION FROM IMMUNIZATIONS

Under the Louisiana Revised Statutes 17:170 Sec E, I \_\_\_\_\_,  
parent/guardian of \_\_\_\_\_, hereby claim exemption  
from the immunization requirements for my child due to medical, religious, or philosophical  
reasons.

I understand that in the event of an outbreak of a vaccine-preventable disease at the  
location of the educational institution or facility the student attends, the administrators of  
the educational institution or facility, upon the recommendation of the office of public  
health, may exclude the student from attendance until the incubation period has expired or I  
present evidence of immunization.

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**Name of School**

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**Signature of Parent/Guardian**

**Date**

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**Signature of Authorized District or School Representative**

**Date**



# Vermilion Parish Early Childhood Network

## Family Engagement Agreement

Parent(s)/Guardian(s) of \_\_\_\_\_ (name of child enrolling) agrees to collaborate with the Vermilion Parish Early Childhood Network and its childcare providers. We agree to work together towards providing high-quality childcare and education, and to do this we will meet the following requirements:

- ☐ When the Parent(s)/Guardian(s) complete the online application, the Parent(s)/Guardian(s) indicate that they have read, have agreed to, and will follow the requirements below. The Parent(s)/Guardian(s) will receive a printed copy of this agreement from the childcare provider or the Lead Agency.
- ☐ Meet requirements set by the Louisiana Department of Education and the Vermilion Parish Early Childhood Network for B-3 seats and provide all supporting documentation necessary to prove eligibility.
- ☐ Parent(s)/Guardian(s) will submit required documentation to the online enrollment platform and understand that enrollment approval will not be granted until the Parent(s)/Guardian(s) receives notification from the Lead Agency via the online enrollment platform. Should the Parent(s)/Guardian(s) need assistance, the childcare provider or the Lead Agency will provide assistance.
- ☐ Parent(s)/Guardian(s) will provide and maintain accurate contact information on the online enrollment platform to ensure the Lead Agency can contact the family as needed.
- ☐ Ensure attendance requirements are met for the month, from July 1, 2021 – June 30, 2022. Parent(s)/Guardian(s) enrolling their child must make sure their child meets a minimum daily attendance of 6 hours per day, no more than 5 unexcused days of the month. Absences will be excused by the childcare center only with a doctor's note or written note from the parent/guardian in the household, turned in within 2 business days of absence. All other absences will be recorded as an unexcused absence and will count as a missed day of instruction.
- ☐ Parent(s)/Guardian(s) will sign a log daily at the childcare center, signing their child in and out each day.
- ☐ If the attendance requirements are not met, the childcare center will contact the Lead Agency to discuss a course of action, which may include dismissal from the program and moving to tuition pay. If a child has to exit the program due to attendance, the parent(s)/guardian(s) agree to pay the childcare center's monthly tuition rates beginning in the month in which attendance has not been met.



# *Vermilion Parish Early Childhood Network*

## Family Engagement Agreement

- ☐ Parent(s)/Guardian(s) will maintain updated contact information for the childcare center and communicate changes in a timely fashion, and the childcare center will maintain communication with Parent(s)/Guardian(s) about their child's progress at the childcare center.
- ☐ Children enrolled in the Birth-3 program will participate in a developmental screener. Should the Parent(s)/Guardian(s) decide that they do not wish to participate, they must submit their request in writing to the childcare site director, who will forward this request to the Lead Agency.
- ☐ Parent(s)/Guardian(s) will review the childcare center's policies and agree to follow them. The childcare center will notify parents of any changes in a timely manner. Should Parent(s)/Guardian(s) refuse to comply with the childcare center's policy, the center will contact the Lead Agency to discuss a course of action, which may include dismissal from the program.