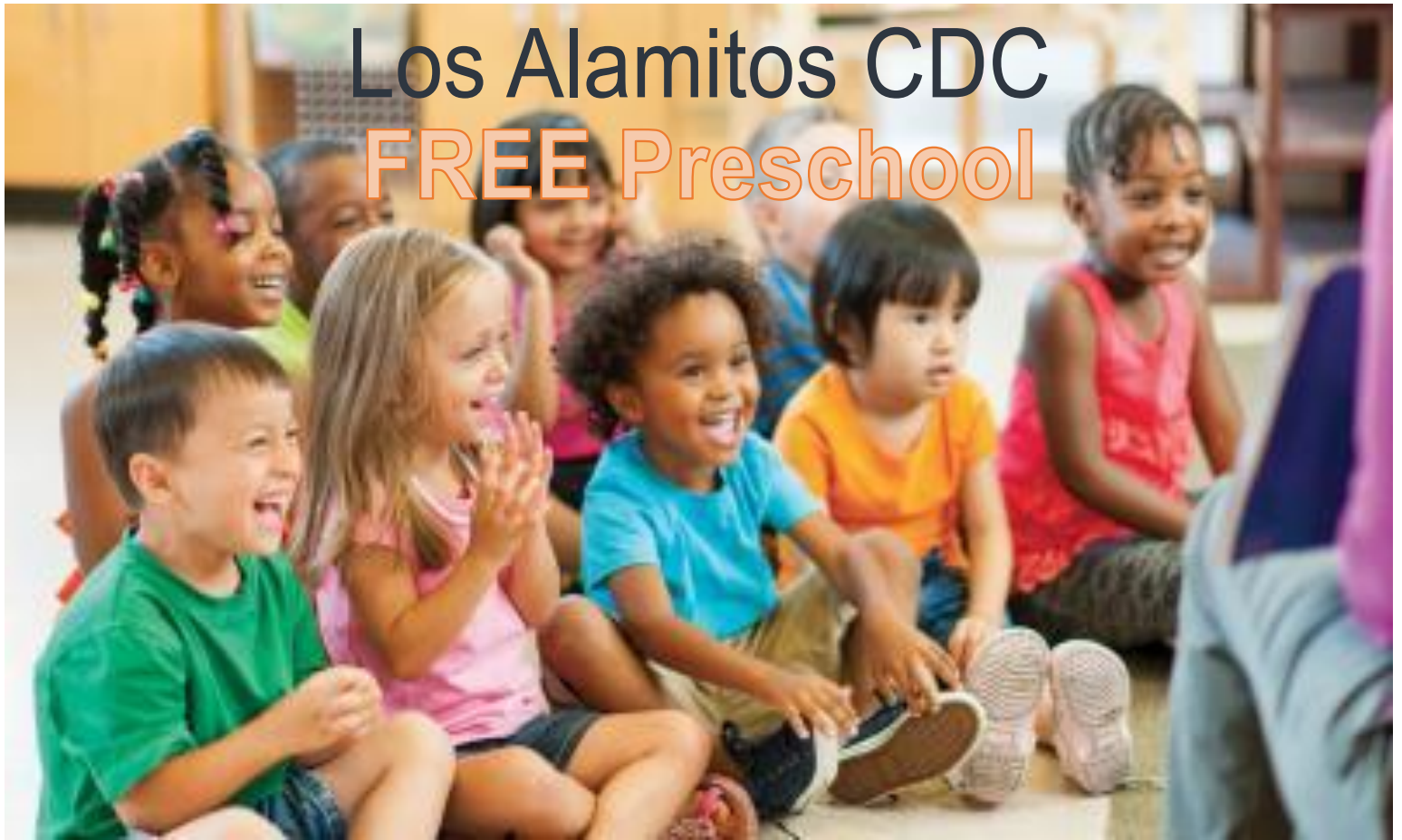


Los Alamitos CDC FREE Preschool



Required

- **Pre-Eligibility Questionnaire**
Please fill out the back side and return to the CDC office to
- **Immunization Records**
Child's vaccines must be up to date as required under SB277 as of January 2020.
- **Birth Certificate**
Official birth certificate or passport
- **Proof of Income**
The most recent 30 days of gross income or other income source (cash aid, food stamps, unemployment, disability...)
- **Address Verification**
2 official documents with address

Los Alamitos CDC offers a FREE ½ day state funded preschool program for families that qualify under Title 5

Interested families need to fill out the pre-eligibility questionnaire on the back of this flyer and submit with supporting documentation to determine eligibility to enroll into the free state funded preschool program. Incomplete packets will be returned which may delay the application process.

Half day programs are offered at Los Alamitos Elementary and Weaver Elementary sites either in the morning from 8:15 – 11:15 am or in the afternoon from 12:00 – 3:00 pm. The curriculum provided is developmentally appropriate for 3-5 year olds and provides the learning foundation for elementary school!





State Preschool Pre-eligibility Questionnaire

Please note this form is a preliminary application and does not guarantee enrollment in the program.

FAMILY INFORMATION

Child's full name: _____ Date of Birth: _____

Parent#1 name: _____ Phone No: _____

Parent#2 name: _____ Phone No: _____

Street Address: _____ City: _____ Zip code: _____

Is your child receiving any type of special services? yes no Does your child have an IEP? yes no
(i.e. speech, OT...) (Individual Education Plan)

Does your child require any special or medical accommodations? Yes no Please explain: _____

Child lives with both parents Mother only Father only Legal Guardian Other: _____

Have you been referred by a social service agency? Yes no If yes, what agency: _____

Is the family currently experiencing: stable housing displaced living arrangements temporary shelter homelessness

Are you a returning family? yes no Preferred site: _____ AM PM

SIBLING(S) OR OTHER CHILDREN IN HOME

Full name	Age	School attending

PARENT #1 GROSS INCOME – most current 4 consecutive weeks of pay/income information must be submitted

Company/Business name	Gross amount per pay period	Pay cycle	Payment type
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Auto deposit <input type="checkbox"/> Other

PARENT #2 GROSS INCOME – most current 4 consecutive weeks of pay/income information must be submitted

Company/Business name	Gross amount per pay period	Pay cycle	Payment type
		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Auto deposit <input type="checkbox"/> Other

Other sources of income- please provide any documentation for the following:

- Unemployment/Disability: \$ _____
 Child Support: \$ _____
 Foster parent: \$ _____
- Cash Aid/TANK/CalWorks: \$ _____
 Spousal support: \$ _____
 Food Stamps: \$ _____

I declare under penalty of perjury the above information is true and correct to the best of my knowledge:

Parent/guardian signature Date: _____

FOR CDC OFFICE STAFF ONLY

Rank	Family Size	Gross Income	Other/Notes	Verified by