Alameda Unified School District/WCDC 500 Pacific Avenue, Alameda, CA 94501

• TEL: (510) 748-4001 •FAX: (510) 769 7212 www.woodstock.alamedausd.ca.schoolloop.com•

Parent/Guardian #1 Street Address City State

Zip code Country

First Name Last Name Middle Initial

Home Phone Alternate/Alternate Phone

Work Phone Date of Birth Marital Status

Relationship to Child Preferred Written Language

Ever a Cal Works recipient? Y/N Have you received Diversion? (Diversion: One Time payment issued to Cal Works applicants) Y/N If, YES, Date aid ended or one-time payment received?

Parent/Guardian #2 (Only complete Parent #2 if this parent lives in the same household)

First Name Last Name Middle Initial

Home Phone Alternate/Alternate Phone

Work Phone Date of Birth Marital Status

Relationship to Child Preferred Written Language

Ever a Cal Works recipient? Y/N Have you received Diversion? (Diversion: One Time payment issued to Cal Works applicants) Y/N If, YES, what was the date the aid ended or the one -time payment received?

Monthly Income and Sources

(Enter total dollars, before taxes and deductions, for each source of income for parents/'guardians in the household).

Gross Monthly Income	**Parent #1**	**Parent#2**
Employment salary or wages/self-employment income (before taxes)	$	$
Cash Aid (Cal Works)	$	$
Child/Spousal support that you receive	$	$
Unemployment Benefits	$	$
Worker's Compensation	$	$
Disability	$	$
Other Income (please describe):	$	$
Total Gross Income:	$	$

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Household Information

Street Address City Sate Zip code Country

Family Size: (Number of adults & children related by blood, marriage, or adoption living in Household

Reason for Needing Care (Check all that apply):Parent Guardian #1 Parent Guardian #2

Working Zip Code of Employment:

Education or Training Zip Code of School/Training:

Medically Incapacitated/Disabled

Actively seeking employment

Homeless/Seeking permanent housing

Seeking Part-Day Educational Preschool

Agricultural or migrant worker

Children Living In the Home

First Name Last Name Date of Birth

Does your child have any Special Needs?

No Special Needs IEP (Individual Education Plan) IFSP (Individual Family Service Plan) Other

Is your child currently enrolled in subsidized child care? Is your child proficient in English?

Yes No If yes, where? Yes No

Services needed (check all that apply)

Full time Part time Preschool Evenings Overnight Weekends No Services Needed

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Children Living In the Home

First Name Last Name Date of Birth

Does your child have any Special Needs?

_____No special Needs _____IEP (Individual Education Plan) ____IFSP (Individual Family Service Plan)

____Other

Is your child currently enrolled in subsidized child care? Is your child proficient in English?

Yes No If yes, where? Yes No

Services needed (check all that apply)

Full time Part time Preschool Evenings Overnight Weekends No Services Needed

Children Living In the Home

First Name Last Name Date of Birth

Does your child have any Special Needs?

No special Needs IEP (Individual Education Plan) IFSP (Individual Family Service Plan) Other

Is your child currently enrolled in subsidized child care? Is your child proficient in English?

Yes No If yes, where? Yes No

Services needed (check all that apply)

Full time Part time Preschool Evenings Overnight Weekends No Services Needed

*** This application does not guarantee that you will receive services.**

The information that I provided is true and correct. Today's Date:

Parent/Guardian Name: Signature: