

**PASADENA UNIFIED SCHOOL DISTRICT**

**Early Childhood Education Programs**

Early Childhood Education Center • 524 Palisade St. Pasadena, CA 91103 • (626) 396-5762 • FAX (626) 798-7738 • earlychildded@pusd.us  
 The Early Education Program maintains a current waiting list in accordance with admission priorities. All information on this application is kept in the strictest confidence guaranteed by the Education Code Section 8208(ai) and (aj), are children who are three- or four-years-old on or before September 1 of the fiscal year in which they are served. As defined in EC Section 8208(l), children with exceptional needs are children who have an individualized family service plan (IFSP) or an individualized education program (IEP), receive early intervention and related services or appropriate special education, and require the special attention of adults in a child care setting. Contractors must determine eligibility for enrollment as described in EC Section 8235(b). Additionally, contractors must enroll age-eligible children in admission priority order as specified in EC sections 8236 and 8263(b):

**WAITING LIST APPLICATION**

NOTE: Incomplete or Illegible Applications WILL BE RETURNED which may delay processing.

Parent/Guardian Name (Primary)	Home Phone	Work Phone
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Address	City	Zip Code
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M T W Th F Sa Su

Employer (Company Name)	Address	Daily Work Hours (e.g., 8a.m. - 5p.m.)	Circle Work Days
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Spouse's Name (Husband/Wife)	Home Phone	Work Phone
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M T W Th F Sa Su

Employer (Company Name)	Address	Daily Work Hours (e.g., 8a.m. - 5p.m.)	Circle Work Days
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Please list all children supported by you and living in your household:

Name of Child	[ ]	/	/	Relationship	Grade	Name of School
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Name of Child	[ ]	/	/	Relationship	Grade	Name of School
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Name of Child	[ ]	/	/	Relationship	Grade	Name of School
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Name of Child	[ ]	/	/	Relationship	Grade	Name of School
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Are you applying for Part time preschool or Full Day Preschool? \_\_\_\_\_

For Full Day preschool please give reason(s) why Full Day Child Care is needed — (Check those that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Employed  | <input type="checkbox"/> Child referred as "at risk" of abuse or neglect |
| <input type="checkbox"/> Parent incapacitated with medical or psychiatric need | <input type="checkbox"/> Job seeking                                     |
| <input type="checkbox"/> Education/Training                                    | <input type="checkbox"/> Homeless  |

Language(s) spoken in the home:  English  Spanish  Armenian  Other(s) \_\_\_\_\_

Does the enrolling child currently have an IEP/ IFSP?  Yes  No

If yes please explain the reason \_\_\_\_\_

Please indicate School Of Choice:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# FAMILY INCOME

What are your sources of income? (Please check all that apply):

- |                                      |          |                                      |          |
|--------------------------------------|----------|--------------------------------------|----------|
| 1. Applicant's Monthly Earnings      | \$ _____ | 7. Spouse's Monthly Earnings         | \$ _____ |
| 2. Unemployment Insurance            | \$ _____ | 8. Disability/ Workers' Compensation | \$ _____ |
| 3. Pensions/ Annuities               | \$ _____ | 9. Tips/ Commissions                 | \$ _____ |
| 4. Welfare (AFDC)                    | \$ _____ | 10. SSI/ SSP                         | \$ _____ |
| 5. Family Member in the home on AFDC | \$ _____ | 11. Child Support/ Alimony           | \$ _____ |
| 6. Social Security                   | \$ _____ | 12. Other (Please explain)           | \$ _____ |
| 7. Self- Employment                  | \$ _____ |                                      |          |

Explain Here \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Family Monthly Income \$ \_\_\_\_\_

Do you pay court ordered child support for any child(ren) not living with you?  Yes  No

If yes, how much per month? \$ \_\_\_\_\_

## CERTIFICATION

I declare that, to the best of my knowledge and belief, the above information is true and correct. I agree to notify the agency immediately if there should be any changes to the information contained in this form. I understand that the information I have provided is confidential and will be used only to determine my eligibility for child development services and establish my priority on the waiting list. I further understand that all of the information I have provided will be verified before I may be approved for services.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

## FOR OFFICE USE ONLY

Is this an initial Application?  Yes  No  Approved  Changed  Denied (Ineligible)  
If No, what is the date of the Initial Application? \_\_\_\_/\_\_\_\_/\_\_\_\_  Referral list sent (Ineligible) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Average countable Monthly Family Income: \$ \_\_\_\_\_ Number in Basic Family Unit: \_\_\_\_\_  
 Subsidized  Full Fee  Special Need Referral  LEP/NEP  
 Full Time  Part Time  Protective Services

Sibling enrolled at \_\_\_\_\_ Center

School of residence: \_\_\_\_\_  Posted on Waiting List

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_