

LOS ALAMITOS CHILD DEVELOPMENT CENTER



FREE PRESCHOOL

REQUIREMENTS:

Eligibility Questionnaire

Please fill out the back side and return to the CDC office with the following:

Immunization Records

Child's vaccines must be up to date as required by California Department of Public Health.

Birth Record

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, etc.) for parent/guardian(s).

Proof of Residence



LOS ALAMITOS CDC OFFERS A FREE 3-HOUR STATE FUNDED PRESCHOOL PROGRAM FOR FAMILIES THAT QUALIFY UNDER TITLE 5

Our FREE 3 hour state funded preschool programs are offered at Los Alamitos Elementary and Rossmoor Elementary school sites. Our developmentally appropriate curriculum provides a learning foundation supporting the whole child.

Please complete the questionnaire on the back of this flyer and submit with supporting documentation to determine eligibility for the free state funded preschool program.

Incomplete packets may delay the review process.



Contact for more information:
562-799-4585 or cdc@losal.org
www.losal.org/programs/cdc
10293 Bloomfield Street
Los Alamitos, CA 90720

Los Alamitos Child Development Center
Los Alamitos Child Development Center (CDC)
California State Preschool Eligibility Questionnaire

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

Submit form to CDC Office - 10293 Bloomfield Street Los Alamitos, CA 90720 cdc@losal.org 562-799-4585

Family Information

Child's full name: _____		Date of Birth: _____	
Child lives with	☐ Both parents (same address)	☐ Parent #1 only	☐ Parent #2 only
	☐ Both parents (different addresses)	☐ Single Parent	☐ Legal Guardian
Parent/Guardian #1 name: _____		Phone No: _____	
Street Address: _____		City: _____	Zip code: _____
Parent #1 Email: _____			
Parent/Guardian #2 name: _____		Phone No: _____	
Street Address: _____		City: _____	Zip code: _____
Parent #2 Email: _____			
Does your child have an IEP or IFSP? ☐ Yes ☐ No (Individual Education Plan or Individual Family Service Plan)		Is your child receiving any type of special services? ☐ Yes ☐ No (i.e. speech, OT...)	
Does your child require any special or medical accommodations? ☐ Yes ☐ No Please explain: _____			
Is the family currently experiencing: ☐ stable housing ☐ displaced living arrangements ☐ temporary shelter ☐ homelessness			
Preferred Campus ☐ Los Alamitos Elementary ☐ Rossmoor Preferred Session ☐ AM ☐ PM			

Sibling(s) or Other Children in Home (under 18 years of age)

Full name	Current Age + Date of Birth	School attending

Parent #1 Gross Income – 4 consecutive weeks of pay/income information within past 2 months must be submitted

Company/Business name	Gross amount per pay period (before taxes)	Pay cycle	Payment type
		☐ Weekly ☐ Every 2 weeks	☐ Cash ☐ Check
		☐ Monthly ☐ Twice monthly	☐ Direct deposit ☐ Other

Parent #2 Gross Income – 4 consecutive weeks of pay/income information within past 2 months must be submitted

Company/Business name	Gross amount per pay period (before taxes)	Pay cycle	Payment type
		☐ Weekly ☐ Every 2 weeks	☐ Cash ☐ Check
		☐ Monthly ☐ Twice monthly	☐ Direct deposit ☐ Other

Other sources of income- select which apply:

- | | | |
|--|--|--|
| ☐ 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:

Relationship to Child

Office Use ONLY	Rank	Family Size	Income	At Risk	DLL	IEP IFSP	Other/Notes	Verified by