



Office Use Only: Rank #: _____

**Eligibility Application
Turnbull Child Development Center**

Main Office:

715B Indian Avenue San Mateo, CA 94401
Tel: (650) 312-7766 Fax: (650) 312-772

CHILD'S INFORMATION:

Child's Name A _____ Date of Birth _____

Child's Name B _____ Date of Birth _____

Child's Home Language _____

Is this child currently enrolled in another preschool? _____ Yes _____ No

Is this child a foster child? _____ Yes _____ No

Is this child bathroom independent? _____ Yes _____ In process

Does this child have an active CPS or at-risk referral from a licensed professional? _____ Yes _____ No

Does this child have an IEP (Individualized Education Plan)? _____ Yes _____ No

RACE AND ETHNICITY:

a) Is the child Hispanic or Latino? _____ Yes, Hispanic or Latino _____ No, not Hispanic or Latino

b) What is the Race of your child? ___Native American ___Chinese ___Japanese ___Korean ___Other Asian

___Black or African American ___White ___Filipino ___Hawaiian ___Samoan ___Other Pacific Islander

PARENT/GUARDIAN A:

Name _____ Marital Status _____

Home Address _____

Street Apt. City Zip Code

Email Address: _____ Family Size: _____

Cell Phone: _____ Home Phone: _____

Please check all that apply:

___Working ___Vocational Training Program ___College/Education ___Experiencing Homelessness

___Seeking Employment ___Stay at Home Parent ___Incapacitation/Disability ___Seeking Permanent Housing

Hours Worked Per Week: _____ Gross Monthly Income (Before Taxes/Deductions) \$ _____

If you receive any of the following types of income, please include the monthly amount received:

Child Support: \$ _____ Disability or Unemployment: \$ _____ Spousal Support: \$ _____

Cash Aid (CalWORKs or TANF): \$ _____ Worker's compensation: \$ _____

Housing Allowance: \$ _____ Retirement or SSA: \$ _____ Other Income: \$ _____

PARENT/GUARDIAN B:

Name _____ Marital Status _____

Home Address _____

Street Apt. City Zip Code

Email Address: _____ Family Size: _____

Cell Phone: _____ Home Phone: _____

Please check all that apply:

Working Vocational Training Program College/Education Experiencing Homelessness

Seeking Employment Stay at Home Parent Incapacitation/Disability Seeking Permanent Housing

Hours Worked Per Week: _____ Gross Monthly Income (Before Taxes/Deductions) \$ _____

If you receive any of the following types of income, please include the monthly amount received:

Child Support: \$ _____ Disability or Unemployment: \$ _____ Spousal Support: \$ _____

Cash Aid (CalWORKs or TANF): \$ _____ Worker's compensation: \$ _____

Housing Allowance: \$ _____ Retirement or SSA: \$ _____ Other Income: \$ _____

Preference Program:

Fiesta Gardens 1001 Bermuda Dr. San Mateo, CA 94401

____ Spanish Immersion (10 month 8:30am-3:00pm)

LEAD 949 Ocean Ave. San Mateo, CA 94401

____ Part-Time (10 month 8:30am-12:00pm)

LEAD 949 Ocean Ave. San Mateo, CA 94401

____ Full-Time (12 month 8:30am-4:30pm)

North Shoreview 1301 Cypress Ave, San Mateo, CA 94401

____ Montessori Program (10 month 8:30am-3:00pm)

Laurel 316 36th Ave., San Mateo, CA 94403

____ Full-Time (12 month 8:30am-4:30pm)

Parkside 1685 Eisenhower St. San Mateo, CA 94403

____ Montessori Program (10 month 8:30am-3:00pm)

Sunnybrae 1031 S. Delaware St. San Mateo, CA 94402

____ (12 month 8:30am-4:30pm)

San Mateo Park 161 Clark Dr. San Mateo, CA 94402

____ (10 month 8:30am-3:00pm)

____ (12 month 8:30am-4:30pm)

Turnbull 715B Indian Ave. San Mateo, CA 94401

____ (10 month 8:30am-4:30pm)

____ (12 month 8:30am-4:30pm)

Choice #1 _____ Choice #2 _____ Choice #3 _____

I, _____, **certify the information provided above is accurate and true.**

(Parent/Guardian Name)

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Phone call made _____

NOTES _____