



FAMILY SIZE: \_\_\_\_\_ MONTHLY GROSS INCOME: \$ \_\_\_\_\_ RANK: \_\_\_\_\_

BIRTH DATE ELIGIBLE: ☐ Y ☐ N VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_**EARLY EDUCATION PART & FULL DAY PROGRAM PRE-ELIGIBILITY FORM**This is a preliminary application. It does not guarantee your child's placement in the program. Children must be 3 or 4 years old by December 1st or on or after 3<sup>rd</sup> birthday.**CHILDREN NEEDING PRESCHOOL**

First and Last Name	Date of Birth	Gender	Preferred School Site #1	Preferred School Site #2
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

<b>Parent/Legal Guardian #1:</b> Last Name		First Name		Date of Birth	Relationship
Address <input type="checkbox"/> Check here if Student's Primary Address		City		State	Zip
Home Phone	Cell Phone	Work Phone	Email	Employer	Employer Hours
Employer Address		Receives Payment <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice-Monthly		Gross amount per pay period	Select what you receive <input type="checkbox"/> Check <input type="checkbox"/> Cash

<b>Parent/Legal Guardian #2:</b> Last Name		First Name		Date of Birth	Relationship
Address <input type="checkbox"/> Check here if Student's Primary Address		City		State	Zip
Home Phone	Cell Phone	Work Phone	Email	Employer	Employer Hours
Employer Address		Receives Payment <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice-Monthly		Gross amount per pay period	Select what you receive <input type="checkbox"/> Check <input type="checkbox"/> Cash

**PLEASE LIST BELOW ALL SIBLINGS IN THE HOUSEHOLD (not those requesting preschool/childcare):**

First and Last Name	Date of Birth	Gender	School
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

**STUDENT AND FAMILY INFORMATION**

1. Are you or any member in your family receiving any of the following?	<input type="checkbox"/> TANF/Cal WORKs <input type="checkbox"/> Cal Fresh/Food Stamp <input type="checkbox"/> Medi-CAL <input type="checkbox"/> Early Start or Head Start <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment <input type="checkbox"/> Food Stamps/WIC <input type="checkbox"/> Other government program
2. Is your child designated as a Special Education student with an Individualized Education Program (IEP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does your child have Special Needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Child's preferred language?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
5. Parent's preferred language?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
6. Family Status	<input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO PARENT FAMILY
<b>WHAT IS YOUR CHILD'S RACE?</b> (Optional): The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.	<input type="checkbox"/> American Indian or Alaskan Native (Persons having origins in any of the original people of North and South America (including Central America)) <input type="checkbox"/> Asian (including Filipino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa)
<b>ETHNICITY</b> (Optional): Mark the ethnicity with which your child most closely identifies. Please check one:	<input type="checkbox"/> Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino
Parent/Legal Guardian's Signature	Print Name <span style="float: right;">Date</span>

**Note:** the following must be submitted with this form:

- Proof of Address (i.e. Utility bill, bank statement, etc.)
- Proof of Income: one month of consecutive and recent income
- Proof of Need: Employment Verification, Declaration of Self-Employment & Supporting documents, Training Verification & Class Schedule, Educational Program Verification, Request & Plan to Seek Employment, Statement of Incapacity, Request & Plan to Seek Permanent Housing, or CPS, At-Risk or Homeless Referral Letter