

South San Francisco Unified School District
Child Development Program
SUBSIDIZED WAITING LIST APPLICATION

Home Address: _____

City: _____ Zip Code: _____

Family Size _____ (Number of Adult & Children related by Blood, Marriage or Adoption living in Household)

PARENT/GUARDIAN A

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Marital Status: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other

Current or past CALWORKS/Welfare recipient ☐ Yes ☐ No Termination Date: _____

INCOME BEFORE TAXES (At the time of enrollment, you will need to bring income documentation)

Income from working: \$ _____ How Often? _____ Hours per week: _____

Monthly amounts for the following type if applicable:

Disability or Unemployment: _____ Child Support: _____ Cash Aid: _____

Service or Retirement Benefits: _____ Spousal Support: _____

Worker's Comp.: _____ Other:(Describe) _____

(Foster Parents and Legal Guardians who are not the parents – Please provide total Cash Aid Amount The Child(dren) receive each month only: do not include personal income)

Reason for Needing Care:

☐ Working ☐ School/Vocational Training-List program name: _____ ☐ Incapacitated

☐ Actively Seeking Employment ☐ Seeking Permanent Housing ☐ CPS or "At Risk" Referral (Attach supporting documentation)

PARENT/GUARDIAN B

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Marital Status: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other

Current or past CALWORKS/Welfare recipient ☐ Yes ☐ No Termination Date: _____

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OFFICE USE ONLY: RANK NO. _____ DATE: _____ STAFF INITIALS: _____ Revised 04-07-22

Comments/Notes: _____

Child Development Program
SUBSIDIZED WAITING LIST APPLICATION

Child 1:

Last Name: _____ First Name: _____ Birth Date: _____

Is she/he a Foster Child? ☐ Yes ☐ No

Does child have siblings enrolled in subsidized care? ☐ Yes ☐ No

Does she/he have an IEP/FSP? ☐ Yes ☐ No

Is child currently in a subsidized program? ☐ Yes ☐ No

Type of program:

School Site:

☐ Children's Center – Half Day Program 3 Hours (8:30 AM – 11:30 AM)

☐ Children's Center – Half Day Program 6 Hours (9:00 AM – 12:00 PM/12:00 PM -3:00 PM)

☐ Children's Center – Full Day Preschool Program

☐ Children's Center – School Age Program (Before/After School for Spruce Elementary only) Grade _____

☐ Martin Elementary School – Half Day Program ☐ AM (8:30 AM -11:30 AM)

☐ PM (12:00 PM -3:00 PM)

Child 2:

Last Name: _____ First Name: _____ Birth Date: _____

Is she/he a Foster Child? ☐ Yes ☐ No

Does child have siblings enrolled in subsidized care? ☐ Yes ☐ No

Does she/he have an IEP/FSP? ☐ Yes ☐ No

Is child currently in a subsidized program? ☐ Yes ☐ No

Type of program:

School Site:

☐ Children's Center – Half Day Program 3 Hours (8:30 AM – 11:30 AM)

☐ Children's Center – Half Day Program 6 Hours (9:00 AM – 12:00 PM/12:00 PM -3:00 PM)

☐ Children's Center – Full Day Preschool Program

☐ Children's Center – School Age Program (Before/After School for Spruce Elementary only) Grade _____

☐ Martin Elementary School – Half Day Program ☐ AM (8:30 AM -11:30 AM)

☐ PM (12:00 PM -3:00 PM)

The information that I have provided is true and correct. I understand that this is not an enrollment application and that Subsidized spaces are offered based on the ranking scale (family size & income) from the Department of Education, Child Development Division. I understand that additional documentation will be required to verify information and qualifications.

This application does not guarantee enrollment into the South San Francisco Unified School District, Child Development Program.

Parent Guardian Name: _____ Signature: _____ Date: _____