

Office Use Only: Rank #: _____

Eligibility Application
Turnbull Child Development Center
Main Office: 715B Indian Avenue San Mateo, CA 94401
650-638-2904 | 650-312-7803 | Email: csppenrollment@smfcsd.net

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 ___ No ___

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: _____

Please check all that apply:

___ Working ___ Vocational Training Program ___ College/other ___ 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: \$ _____

Please select the top 3 programs of your preference:

☐ Fiesta Gardens Spanish Immersion (10 months 8:30am-3:00pm) 715B Indian Ave. San Mateo, CA 94403	☐ Cottage Grove (10 Months 8:30am -12:30pm) ☐ Cottage Grove (12 Months 8:30am - 4:30pm) 949 Ocean Ave., San Mateo, CA 94401
☐ Foster City (10 months 8:30am-3:00pm) 461 Beach Park Blvd. Foster City, CA 94404	☐ San Mateo Park (12months 8:30am-4:30pm) 161 Clark Dr., San Mateo, CA 94402
☐ George Hall (10 months 8:30am-3:00pm) 130 San Miguel Way, San Mateo, CA 94403	☐ Sunnybrae (12 months 8:30am-4:30pm) 1031 S. Delaware St., San Mateo, CA 94402
☐ Laurel (12 months 8:30am-4:30pm) 316 36th Ave., San Mateo, CA 94403	☐ Turnbull (10 months 8:30am-4:30pm) ☐ Turnbull (12 months 8:30am-4:30pm) 715B Indian Ave., San Mateo, CA 94401

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 by: _____ NOTES: _____
