Salinas City Elementary School District
STATE PRESCHOOL PROGRAM
915 Larkin St., Rm. 201
Salinas, CA 93907
Tel. 831.784.5402
Office Hours: 8:00 am – 5:00 pm

CALIFORNIA STATE PRESCHOOL PROGRAM (CSPP) APPLICATION PROCESS

Instructions to Apply:

Step 1: Pick up an application at Boronda Meadows Elementary School, 915 Larkin St., Salinas, CA 93907 OR Sherwood Elementary, 110 S. Wood St., Salinas, CA 93905
Or Print the application from the Salinas City Elementary School District website https://www.salinascityesd.org

Step 2: Call to schedule an appointment with the Preschool Office, located at the address above, to turn in the completed application packet along with the required documentation. OR submit your application via email: cspp@salinascityesd.org

- **ONLY COMPLETED PACKETS WITH REQUIRED DOCUMENTATION WILL BE ACCEPTED. MAKE SURE YOU COMPLETE AND SIGN ALL FORMS.**
- **ONCE OFFICE STAFF REVIEWS YOUR APPLICATION AND YOU QUALIFY, YOUR CHILD WILL BE PLACED ON A WAIT LIST.**

⇒ **IF YOU ARE CALLED TO REGISTER YOUR CHILD, YOU WILL BE GIVEN AN APPOINTMENT TO FINALIZE REGISTRATION. THE APPOINTMENT WILL TAKE APPROXIMATELY 45-60 MINUTES. YOU MAY BE ASKED TO PROVIDE MORE INFORMATION DURING THIS APPOINTMENT.**

- **ONLY PARENTS OR LEGAL GUARDIANS CAN FINALIZE THE ENROLLMENT.**

AFTER THE REGISTRATION IS COMPLETED:

⇒ **You must attend an in person or virtual parent orientation before the start of school. Date and time as well as the meeting link will be sent to parents as the dates get closer.**

⇒ **Download the Learning Genie Parent App on your cell phone.**

Revised 07/24/2026-cld

*****KEEP THIS FORM AS REFERENCE*****

Salinas City Elementary School District
STATE PRESCHOOL PROGRAM
915 Larkin St., Rm. 201
Salinas, CA 93907
Tel. 831.784.5402
Office Hours: 8:00 am – 5:00 pm

REQUIRED DOCUMENTS FOR PRESCHOOL APPLICATION

Packets must be completed in blue or black ink.

❏ **Original Birth Certificates for ALL children in the family 17 years and under (To prove family size)**

❏ **Updated Immunization Record for the Child Enrolling for Preschool**

❏ **Current Physical Exam for the Child Enrolling for Preschool**

❏ **Current Income** (Proof of family income from the last 2 months), for example:

- Check/pay stubs
- Self-Employment (Recent Profit/Loss, Most Recent Tax Returns)
- Unemployment
- Disability
- Worker's Compensation
- CalWORKs/Cash Aid and/or CalFresh (food stamps) Notice of Action
- Child Support Income

❏ **Address Verification** – (Utility Bill, Major Credit Card Statement, Bank Statement, Auto Insurance Policy, Cell phone or Internet Bill)

❏ Individualized Education Plan (IEP) (***A copy of the IEP must be submitted, if applicable***)

❏ ***Optional:*** Parent Volunteering in the classroom with Children Interaction Requires Immunizations: (SB 792 requires all parents, guardians, and volunteers to be vaccinated for Pertussis, Measles, and Influenza). A TB/PPD skin test/Quantiferon/X-ray result and/or medical clearance is also required (valid 4 years) as well as completing a child abuse mandated reporter and completing and signing the Salinas City Elementary School District waiver.

SCESD California State Preschool Program reserves the right to ask for additional information to verify eligibility.

ONLY COMPLETED PACKETS ALONG WITH THE REQUIRED DOCUMENTS WILL BE ACCEPTED.
IF ASSISTANCE IS NEEDED, CONTACT THE PRESCHOOL OFFICE.

Revised 07/24/2026-cld

*****KEEP THIS FORM AS REFERENCE*****

Salinas City Elementary School District

California State Preschool Program Application (CSPP)

Boronda Meadows Elementary, 915 Larkin St., Room 201, Salinas, CA 93907
Tel. (831) 784-5402

Thank you for applying to the State Preschool Program.

Instructions:

1. Complete all forms and **call to schedule an appointment** to turn in your application along with the required documents.
2. If you need help completing the application, please call our office at (831) 784-5402.
3. It is your responsibility to inform us of any changes in your household including phone number, address, income, and family/household size.

Please choose the school site and/or program you prefer: **(if more than one write 1st, 2nd choice, etc.)**
(School site availability may change)

Part Day Only Sites (8:00-11:00 am / 12:00-3:00 pm / 1:00-4:00 pm) 180 Days/Year ❑ **AM or** ❑ **PM**

- ❑ Boronda Meadows, 915 Larkin St., 93907
- ❑ El Gabilan, 1256 Linwood Dr., 93906
- ❑ Kammann, 521 Rochex Ave., 93906
- ❑ Lincoln, 705 California St., 93901
- ❑ Loma Vista, 757 Sausal Dr., 93906
- ❑ Los Padres, 1130 John St., 93905
- ❑ Natividad, 1465 Modoc Ave., 93906
- ❑ Roosevelt, 120 Capitol St., 93901
- ❑ Sherwood, 110 S. Wood St., 93905

Full Day Sites (8:00 am – 4:00 pm) 210 Days/Year
(Hours based on NEED)

- ❑ Boronda Meadows, 915 Larkin St., 93907
- ❑ Natividad, 1465 Modoc Ave., 93906
- ❑ Sherwood, 110 S. Wood St., 93905
- ❑ Lincoln, 705 California St., 93901
- ❑ Roosevelt, 120 Capitol St., 93901

Parent/Guardian Information

	1st Parent/Guardian: ☐Mother ☐Father ☐Guardian ☐Other_____	**2nd Parent/Guardian:** **(only if living in the same household)** ☐Mother ☐Father ☐Guardian ☐Other_____
First & Last Name:		
Address:		
City & Zip:		
Cell Phone:		
Work Phone:	Contact at Work? ☐Yes ☐No	Contact at Work? ☐Yes ☐No
Email:		
Parent/Guardian Primary Language?		
Do any of the need criteria apply to you? (Check all that apply)	☐ Child Protective Services ☐ At-Risk of abuse, neglect, or exploitation ☐ Employment or Self Employment ☐ Seeking Employment ☐ Vocational Training ☐ Engaged in Educational Program ☐ Seeking Permanent Housing ☐ Homelessness ☐ Incapacitation ☐ No Need	☐ Child Protective Services ☐ At-Risk of abuse, neglect, or exploitation ☐ Employment or Self Employment ☐ Seeking Employment ☐ Vocational Training ☐ Engaged in Educational Program ☐ Seeking Permanent Housing ☐ Homelessness ☐ Incapacitation ☐ No Need

Income Sources:		1st Parent/Guardian	2nd Parent/Guardian
Work/Employment or Self-Employment	□Yes □No	Monthly: $	Monthly: $
Child Support Received	□Yes □No	Monthly: $	Monthly: $
Child Support Paid Out	□Yes □No	Monthly: $	Monthly: $
State Disability or Worker's Compensation	□Yes □No	Monthly: $	Monthly: $
Unemployment Benefits	□Yes □No	Monthly: $	Monthly: $
Cash Aid / TANF	□Yes □No	Monthly: $	Monthly: $
Food Stamps	□Yes □No	Monthly: $	Monthly: $
Other (Describe):		Monthly: $	Monthly: $

Check all that applies to your family:

□ Recipient of Child Protective Services (CPS)
□ Child Identified as At Risk of being abused, neglected, or exploited
□ Individualized Education Plan (IEP) – Exceptional needs child **(A COPY OF IEP IS REQUIRED)**
□ Homeless
□ Cash Aid Recipient
□ None

Children Information: (Enter all your children aged 17 and under living in household.)

Does Child Need Preschool?		First Name	Last Name	Date of Birth	Gender	Family Type (Normal/Foster/ Guardian)	Does Child Have Special Needs?
Y / N	1				M / F / NB	N / F / G	□Yes □No
Y / N	2				M / F / NB	N / F / G	□Yes □No
Y / N	3				M / F / NB	N / F / G	□Yes □No
Y / N	4				M / F / NB	N / F / G	□Yes □No
Y / N	5				M / F / NB	N / F / G	□Yes □No

Release of Information

The information I have provided is true and correct. I understand my family's eligibility will be based upon information given here and that documentation will be required prior to enrollment. The Salinas City Elementary School District California State Preschool Program has my permission to share this information with the California Department of Education.

Signature: _____ Date: _____

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICE USE ONLY.

Gross Monthly Family Income: _____ □ Over 100% SMI □ 15% above 100% SMI **Household Size:** _____

□ **CPS/At Risk** □ **Exceptional Needs** □ **Homeless** □ **Cash Aid** □ **Income Eligible** □ **Full Day w/Need**

Notes: _____

Revised 8/21/24-mdg

^^^KEEP THIS FORM AS REFERENCE^^^

Salinas City Elementary School District
840 South Main St.
Salinas, California 93901

STUDENT REGISTRATION FORM
PLEASE PRINT ALL ITEMS

FOR SCHOOL USE ONLY	☐Immunizations Pending	☐Birth Verified
School_____	☐Immunizations Verified	☐DI Request
Date Enrolled_____	☐Proof of Residence	☐Intra
Grade _____Room #_____	☐Custody Doc#_____	☐Inter
Teacher_____	☐LDC ☐SDC ☐EDC ☐BUS	☐Foster

Student Name: _____ **Home Phone #** _____
Last First Middle

☐ Male ☐ Female Birthplace_____ **Birthdate** (mm)_____(dd)_____(yyyy)_____
(city) (state) (country)

Home Address _____
Number Street Name Apt.# City Zip Code

Mailing Address (if different from above) _____
Number Street Name Apt.# City Zip Code

PREVIOUS SCHOOL INFORMATION

Has your child participated in any of the following programs? (Check all that apply) ☐ Migrant ☐ Speech ☐ Gifted and Talented ☐ Summer School ☐ Pre-School

Last School attended (including Pre-School)?	Date: / /	Grade:	School Name/City/State
Child's first date of entry into a TK-6 U.S. school?	Date: / /	Grade:	School Name/City/State
Ever attended a TK-6 school in Salinas, CA? ☐ YES ☐ NO	Date: / /	Grade:	School Name/City/State

STUDENT'S RACE & ETHNICITY

I. WHAT IS YOUR CHILD'S ETHNICITY? (Please mark one ethnicity):
☐ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
☐ **Not Hispanic or Latino**

The above part of the 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 race to be.

II. WHAT IS YOUR CHILD'S RACE? (required per US Federal Policy and CA Ed Code) – Check all that apply:
☐ **Native Indian of the Americas or Alaskan Native (100)** (A person having origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment.)
☐ **Asian Indian (205)** ☐ **Cambodian (207)** ☐ **Chinese (201)** ☐ **Filipino (400)** ☐ **Hmong (208)** ☐ **Japanese (202)**
☐ **Korean (203)** ☐ **Loatian (206)** ☐ **Vietnamese (204)** ☐ **Other Asian (299)**
☐ **Native Hawaiian/Pacific Islander (301)** ☐ **Guamanian (302)** ☐ **Samoan (303)** ☐ **Tahitian (304)** ☐ **Other Pacific Islander (399)**
☐ **Black or African American (600)** (A person having origins in any of the black racial groups of Africa.)
☐ **White (700)** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

EMERGENCY HEALTH INFO

Mark all that apply:
☐ Allergies:_____
☐ Bee Sting
☐ Peanut
☐ Asthma ☐ Diabetes
☐ Hearing ☐ Heart Problems
☐ Orthopedic ☐ Vision (Glasses)
☐ Recent Surgery/Illness
☐ Seizures (Epilepsy)
☐ Other:_____
☐ Medications:_____
☐ **None**

PARENT / GUARDIAN INFORMATION

☐Mother ☐Father ☐ Guardian ☐Step-Parent
Name:_____
Living in Home? ☐ YES ☐ NO
Legal Custody? ☐ YES ☐ NO Doc #_____
Active Military? ☐ YES ☐ NO Branch_____
Name of Employer:_____
Phone:_____ ☐ Cell ☐ Work

Parent/Guardian 1: Highest Level of Education Completed
☐ Not a High School Graduate(14)
☐ High School Graduate(13)
☐ Some College(includes AA Degree)(12)
☐ College Graduate(B.A. or B.S.)(11)
☐Graduate School/Post Graduate School(10)

☐Mother ☐Father ☐ Guardian ☐Step-Parent
Name:_____
Living in Home? ☐ YES ☐ NO
Legal Custody? ☐ YES ☐ NO Doc #_____
Active Military? ☐ YES ☐ NO Branch_____
Name of Employer:_____
Phone:_____ ☐ Cell ☐ Work

Parent/Guardian 2: Highest Level of Education Completed
☐ Not a High School Graduate(14)
☐ High School Graduate(13)
☐ Some College(includes AA Degree)(12)
☐ College Graduate(B.A. or B.S.)(11)
☐Graduate School/Post Graduate School(10)

Please choose a Correspondence Language (Automated Voice Messages and Attendance Notifications, verbal or printed)

☐ **English** ☐ **Spanish**

The following sections are essential in order to provide meaningful instruction for all students and is required by the California Department of Education Code.

BROTHERS & SISTERS ENROLLED IN SALINAS CITY ELEMENTARY SCHOOL DISTRICT

Name	Gender	Age	School	Living in Home?
	☐ M ☐ F			☐ YES ☐ NO
	☐ M ☐ F			☐ YES ☐ NO

HOME LANGUAGE AND MIGRANT SURVEY

What language did your child learn when he or she first began to speak? _____
What language does your child most frequently use at home? _____
What language do you use most frequently to speak to your child? _____
Name the language most often spoken by the adults at home: _____
The I-94 number of student (for refugees only) _____
Has your family moved in the last three years? ☐ YES ☐ NO
From *(City)* *(State)* *(Year)*

When you moved, did you or a family member seek or obtain seasonal/temporary employment in:
☐ Agriculture ☐ Fishing Industries ☐ Food Packaging ☐ Plant Nursery

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES IN THE INFORMATION GIVEN ABOVE.

SPECIAL ED SERVICES

Does your child have any special behavioral or learning needs?
☐ YES ☐ NO
If yes, please specify_____

Did your child receive Special Education services in their previous school?
☐ YES ☐ NO
Does he/she have an Individual Educational Plan (IEP)/504 Plan?
☐ YES ☐ NO
If yes to above, please attach or present IEP/504 Plan prior to child's enrollment.

Falsifying any information on this form could result in the immediate transfer of your child to another school.

IMPORTANT!!! If there is a custody dispute and you do not allow the Non-Custodial Parent to pick up this child you must provide legal documentation to place on file.

Signature of Parent/Guardian _____ **Date** _____

SALINAS CITY ELEMENTARY SCHOOL DISTRICT

EMERGENCY CARD

PLEASE PRINT ALL

FOR SCHOOL USE ONLY	☐Immunizations Pending	☐Birth Verified
School_____	☐Immunizations Verified	☐DI Request
Date Enrolled_____	☐Proof of Residence	☐Intra
Grade _____Room #_____	☐Custody Doc#_____	☐Inter
Teacher_____	☐LDC ☐SDC ☐EDC ☐BUS	☐Foster ☐BEST

Office **ALERT**

Student Name: _____ **Home Phone #** _____
Last First Middle

☐ Male ☐ Female ☐ NonBinary Birthplace _____ **Birthdate** ____/____/____
(city) (state) (country) (mm) (dd) (yyyy)

Home Address _____
Number Street Name Apt.# City Zip Code

Mailing Address (if different from above) _____
Number Street Name Apt.# City Zip Code

PLEASE FILL IN ALL SPACES AND SIGN BELOW

Check one or more - Student lives with: ☐ **Both Parents** ☐ **Mother** ☐ **Father** ☐ **Guardian** ☐ **Other** _____

Name of **Mother** or Guardian: Legal Custody? ☐ **YES** ☐ **NO** Language Spoken: ☐ English ☐ Spanish ☐ Other _____	Home Address (If different from student - including City, Zip Code) Employer Name: Work Address: City: Active Military? ☐Yes ☐No Branch:_____	Home Phone (area code): Cell Phone/Pager (area code): Work Phone (area code): E-mail Address (optional):	**Please choose a Correspondence Language** (Automated Voice Messages and Attendance Notifications, verbal or printed) ☐ **English** ☐ **Spanish**
Name of **Father** or Guardian: Legal Custody? ☐ **YES** ☐ **NO** Language Spoken: ☐ English ☐ Spanish ☐ Other	Home Address (If different from student - including City, Zip Code) Employer Name: Work Address: City: Active Military? ☐Yes ☐No Branch:_____	Home Phone (area code): Cell Phone/Pager (area code): Work Phone (area code): E-mail Address (optional):	

LOCAL EMERGENCY CONTACT(S): LIST IN ORDER OF PREFERENCE OTHER THAN THOSE LISTED ABOVE

	Name	(Relationship)	Address	Phone Number(s)	Language Spoken
1.					
2.					
3.					
4.					

Name of Siblings	Gender	Grade/Room	School

I understand that the Salinas City Elementary School District does not provide accidental medical insurance for students for school related injuries but does offer accident insurance for voluntary purchase. *In an emergency, when you cannot be contacted, the school authorities have your permission to use their best judgment in the interest of your child's health and welfare. The school assumes no financial responsibility. If emergency service involving medical action or treatment is required and neither parent nor the family physician can be reached for consent, the parent hereby consents to the rendering of such emergency medical service for the above named students as shall be necessary in the opinion of the medical staff rendering the service.*

Name of Medical Insurance _____ **Policy #** _____

Local Physician: _____ Phone #: _____ Address: _____

Local Dentist: _____ Phone #: _____ Address: _____

Does your child have any **medical condition(s)**? ☐ **YES** ☐ **NO** If yes please explain: _____

Does your child take any **medications**? ☐ **YES** ☐ **NO** If yes please explain: _____

*A written doctor's authorization and parent request **(CSD 96 form)** must accompany all prescriptions and over-the-counter medications given at school.*

I CERTIFY THAT MY CHILD RESIDES IN THE STATE OF CALIFORNIA. ☐ **YES** ☐ **NO**

FIELD TRIPS: My child has my permission to participate in school authorized field trips. ☐ **YES** ☐ **NO**

INTERNET USE: I have read and I agree with the district's internet use policy for students. ☐ **YES** ☐ **NO**

PARENT AND PUPIL RIGHTS: I have received and read the *Notice of Parental Rights.* ☐ **YES** ☐ **NO**

PHOTO RELEASE AUTHORIZATION: I have read and agree with the district's Photo/Video use policy for students. ☐ **YES** ☐ **NO**

THIS INFORMATION WILL BE USED IN CASE OF AN EMERGENCY OR ILLNESS. IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES IN THE INFORMATION GIVEN ABOVE. *Falsifying any information on this form could result in the immediate transfer of your child to another school.*

IMPORTANT!!! *If there is a custody dispute and you do not allow the Non-Custodial Parent to pick up this child you must provide legal documentation to place on file.*

Signature of Parent/Guardian _____ **Date** _____

FOR SCHOOL USE ONLY

Date Enrolled	_____	From	_____	Records Received	_____
Date Transferred	_____	To	_____	Records Sent	_____
Date Returned	_____	From	_____	**Comments**	_____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only*)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (**For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN:
(What does child usually eat for these meals?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

PRINT LEGAL NAME	SIGNATURE	RELATIONSHIP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

Schedule of Income Ceilings

Directives for Implementation

The following Schedule of Income Ceilings must be used for determining income eligibility for families initially certified or recertified on or after July 1, 2026. The schedule must also be used for determining maximum monthly income for 15 percent above the income eligibility threshold.

State Fiscal Year 2026–27 Schedule of Income Ceilings

Family Size	Family Yearly Income Ceiling (100% of SMI)	Family Monthly Income Ceiling (100% of SMI)	Maximum Monthly Income for 15% above Income Eligibility Threshold
1-2	$100,510	$8,376	$9,632
3	$113,708	$9,476	$10,897
4	$136,044	$11,337	$13,038
5	$157,811	$13,151	$15,124
6	$179,578	$14,965	$17,210
7	$183,659	$15,305	$17,601
8	$187,741	$15,645	$17,992
9	$191,822	$15,985	$18,383
10	$195,903	$16,325	$18,774
11	$199,985	$16,665	$19,165
12+	$204,066	$17,006	$19,556

Revised 07/24/2026-cld

KEEP THIS FORM AS REFERENCE