

Antelope Valley College – Child Development Center California State Preschool Preliminary Application

Contact Information

Parent or Guardian #1 Name: Full Name _____ Home Phone _____ Email _____

Address _____ City _____ Zip Code _____ Primary Language _____ Ethnicity _____

Employer/School Name _____ Work/School ZIP _____ Work/Cell Phone _____

Parent or Guardian #2 Name: Full Name _____ Primary Language _____ Ethnicity _____

Employer/School _____ Zip Code _____ Work/Cell Phone _____

Single Parent Family _____ 2 Parent Family _____

Need for Child Care: (please check all that apply for each parent/guardian)

Parent/Guardian #1 _____ Working _____ Incapacitated/Disabled _____ Seeking Work _____ Homeless _____ In School/Training _____ Migrant Worker

Parent/Guardian #2 _____ Working _____ Incapacitated/Disabled _____ Seeking Work _____ Homeless _____ In School/Training _____ Migrant Worker

Family Income: Income Sources (Total dollars from all sources before taxes and deductions. Write in dollar amount per month for each source)

	Parent/Guardian #1	Parent /Guardian #2
Work/Employment	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____
State/Private Disability	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Sales/Work Commissions	\$ _____	\$ _____
Cash Aid	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Other (explain)	\$ _____	\$ _____
	\$ _____ total monthly	\$ _____ total monthly

CalWORKS / CASH AID

Are you currently receiving cash aid?

YES _____ NO _____

NOTE: Information provided on this form will be used to establish initial eligibility for State Preschool. **Applicants must fill in ALL AREAS on page 1 and 2 of this form to determine eligibility. Full documentation will be required prior to enrollment in a program.**

Incomplete applications may not be entered.

CHILD INFORMATION

(The purpose of this form is to collect information required to establish eligibility of the child/family.)

Name of Child Applying for Preschool: #1 _____ Birth Date: _____ Gender: M ___ F ___ Foster Child? ___ \$ _____ monthly

Primary Language: _____ Ethnicity: _____

SIBLINGS / OTHER CHILDREN (UNDER AGE 18) LIVING IN HOME

	<u>First and Last Name</u>	<u>Birth date</u>	<u>Gender</u>	<u>Foster Child</u> <i>(check if "yes")</i>	<u>Child Needs Care?</u>
#2.	_____	___ / ___ / ___	M ___ F ___		
#3.	_____	___ / ___ / ___	M ___ F ___		
#4.	_____	___ / ___ / ___	M ___ F ___		

Preferred Preschool Session:

(check all that apply)

___ Part Day Mornings

___ Part Day Afternoons

Special Needs	Child #1	Child #2	Child #3
Limited English			
Child Protective Services			
Severely handicapped			
Does child have an IEP, IFSP			
Receive services through Regional Center or School District			
Social / Emotional / Behavior			
Ongoing health problems			
Developmental delays?			
Vision/Hearing			
Other			

Required: Is your child currently enrolled in Head Start or another State Preschool?

___ No ___ Yes Child # _____ Name of School: _____

Is your child enrolled in any other subsidized program?

___ No ___ Yes Child # _____ Program _____

SIGNATURE REQUIRED

I Swear under penalty of perjury that the above information is true and correct, and that I have included all sources of income. I hereby authorize agency staff to verify wages with my employer. In addition, I authorize the release and sharing of my files by legally authorized personnel from the agency, from California Department of Education, or from Community Care Licensing to determine program compliance, family eligibility, and conformance with regulations and reporting requirements. I understand that this is a preliminary application ONLY and does not guarantee enrollment in the program.

Signature of Parent (or type your full name)

Date

Relationship to Applicant Child