



SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
Success for All
Initial Application for Preschool
2018-2019

FOR OFFICE USE ONLY

Approval Date: _____

Enrollment Date: _____

Age: _____

Which preschool site would you like your child to attend? *Check only one*

- Baywood Elementary Hawthorne Elementary
 Pacheco Elementary C.L. Smith Elementary

Is your child currently attending another preschool program? Yes No

If yes, which preschool? _____

Do you have children currently attending the school you are applying to? Yes No

Is your child toilet trained? Yes No If no, what toileting support will he/she need at preschool?

PART 1: FAMILY SIZE INFORMATION

PRESCHOOL APPLICANT CHILD:

SIBLINGS UNDER 18 LIVING IN THE HOME

(that you are financially responsible for):

Birth certificates for all of these children must be submitted.

First Name:		Name:	Birthdate:
Middle Name or Initial:		Name:	Birthdate:
Last Name		Name:	Birthdate:
Date of Birth:	Sex:	Name:	Birthdate:
Number of Family Members:		Name:	Birthdate:

PART 2: PARENT/GUARDIAN INFORMATION

PARENT A		PARENT B <i>Complete only if residing in the home</i>	
First Name:		First Name:	
Middle Name or Initial:		Middle Name or Initial:	
Last Name:		Last Name:	
Date of Birth:		Date of Birth:	
Preferred Language:		Preferred Language:	
Relationship to Applicant Child:		Relationship to Applicant Child:	
Home Phone:	Cell Phone Parent A:	Cell Phone Parent B:	
Home Address:			
City:		County:	Zip:
Mailing Address (if different):			
EMERGENCY CONTACT – Name:			Phone:

(Please complete other side also)

PART 3: FAMILY INCOME INFORMATION

If employed, please complete:

PARENT A: GROSS Wages \$ _____/month

PARENT B: GROSS Wages \$ _____/month

Both parents must complete section below:

Attach copies of your **most recent full month** of pay stubs. If self-employed, please **attach** your last Federal 1040 Form and a Statement of Current Estimated Income.

Additionally, mark **"A"** for Parent A and **"B"** for Parent B and the GROSS AMOUNT next to all that apply:

_____ Child Support.....	\$ _____/month
_____ Cash Aid Assistance	\$ _____/month
_____ State/Private Disability Insurance	\$ _____/month
_____ Unemployment	\$ _____/month
_____ Foster Care or Adoption Assistance.....	\$ _____/month
_____ Social Security Survivor Benefits or Income Assistance Benefits.....	\$ _____/month
_____ Social Security Disability Benefits	\$ _____/month
_____ Retirement Benefits.....	\$ _____/month
_____ Financial Aid: State or Federal Grants/Scholarships (portion not identified for educational purposes as tuition, books, or supplies)	\$ _____/month
_____ Other (explain) _____	\$ _____/month

PART 4: EXCEPTIONAL NEEDS

Do any of the following apply to your family?

Homeless

Limited English or Non-English

Other: _____

PART 5: SIGNATURE

- 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 the 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/Guardian

Date

Relationship to Applicant Child

PART 6: CHECKLIST (Please include the following documents):

_____ Address Verification (utility bill or rental agreement)

_____ Income Verification (if employed, copies of most recent full month of pay stubs; if self-employed, Federal 1040 form plus Statement of Current Estimated Income; for all additional sources of income, send current verification)

_____ Birth Certificates (copies for all children under 18 residing in the home that you are financially responsible for)
NOTE: If there is a parent whose name is listed on the birth certificate, but that parent does not live in the home, please submit ONE of the following:

- Utility bill in your name; or
- Filing/deed for child support, divorce, or separation confirming that you are the responsible party for the child(ren)

_____ Immunization Records

Bring all documents to the school you are applying to.