



## CVUSD State Preschool Preliminary Application

### Choice of Preschool Location: Sessions are Monday through Friday AM or PM

Earths       University       City Center

Returning State Preschool Child?      Yes       No

Our program requires that your child be toilet trained.      Is your child toilet trained?      Yes       No

**Enrollment Priorities:** 1) 4- and 3-year olds recipients of CPS      3) 4-year-olds and families with the lowest income ranking  
2) Children enrolled in the program last year      4) 3-year olds and families with the lowest income ranking

**APPLICANT CHILD:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Sex:** F       M       Language (s) Spoken \_\_\_\_\_ Does your child have allergies, medical problems, or other concerns

we should be aware of \_\_\_\_\_

Has your child been screened for speech or other developmental issue? \_\_\_\_\_

**PARENT/GUARDIAN A: Relationship to Applicant Child** \_\_\_\_\_

Select one: Single  Married  Divorced  Separated  Widowed

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**PARENT/GUARDIAN B: Relationship to Applicant Child** \_\_\_\_\_

Select one: Single  Married  Divorced  Separated  Widowed

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

**FAMILY INCOME INFORMATION:** Attach copies of **your most recent 30 days** of pay stubs. If **self-employed** please attach your last Federal 1040 form

and a Statement of Current Estimated Income.      **Mother's Monthly Gross Income** \_\_\_\_\_      **Father's Monthly Gross Income** \_\_\_\_\_

Other Income and Benefits for Adults in the home: Send current verification of any benefits listed: Cash Aid Assistance \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ State/ Private Disability Insurance \$ \_\_\_\_\_ Retirement Benefits \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_      Family Size \_\_\_\_\_

To begin the certification process, please make an appointment at our Administrative Office at **City Center 494-8100**. Please bring proof of income for the past 30 days, proof of residence (utility bill in your name or rental agreement), birth records for all siblings under 18 years of age living in the home, **current immunization, and physician's report that includes TB clearance for the child applying**. For Parents who wish to volunteer submit: **current TB test, MMR and Tdap immunizations & Influenza vaccination received between August 1 and December 1 (you may provide a written statement declining the influenza vaccine)**

**I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.**

**I understand that this is a preliminary application ONLY and does not guarantee enrollment in the program**

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Relationship to Child)

\_\_\_\_\_  
(Date)

Rank Number \_\_\_\_\_

Entered on Ranking List \_\_\_\_\_