



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 _____