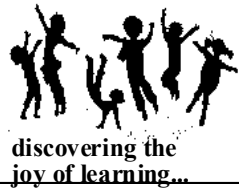


**Yuba City Unified School District  
Child Development Programs  
Eligibility Application**



For Office Use Only
Rank: _____
Category: _____
Admission Date: _____

**DATE OF APPLICATION:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Full day/Full Year State Preschool**

Bernard Children's Center \_\_\_\_\_ 7:30 am - 5:30 pm  
Migrant Child Care \_\_\_\_\_ 5:00 am - 5:00 pm (May - Sept)

**Part day/Part year State Preschool** Circle AM (8-11) or PM (12:30-3:30) **(Request Only)**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Andros Karperos | <input type="checkbox"/> King Avenue |
| <input type="checkbox"/> April Lane      | <input type="checkbox"/> Lincoln     |
| <input type="checkbox"/> Bernard Drive   | <input type="checkbox"/> Park Avenue |
| <input type="checkbox"/> Bridge Street   | <input type="checkbox"/> Barry       |

**FAMILY INFORMATION:**

Parent/Guardian/Mother Name: \_\_\_\_\_

Parent/Guardian/Father Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Best phone number to reach you? \_\_\_\_\_

Message number (preferably someone outside the home) \_\_\_\_\_

**List all your children living in your home:**

Last Name	First Name & MI	Birthdate 00/00/0000	Gender		Foster Child	
			Circle One	Circle one	Circle one	Circle one
			M	F	Yes	No
			M	F	Yes	No
			M	F	Yes	No
			M	F	Yes	No

**TOTAL FAMILY MEMBERS (Circle one)**    1   2   3   4   5   6   7   8   9   10

**Home Language Information: (Answer only for the Child(ren) for which you are applying)**

Which language did your child learn when he or she first began to talk? \_\_\_\_\_

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? \_\_\_\_\_

Is non-English or limited English speaking?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    Language Spoken: \_\_\_\_\_

Does your child have an Individualized Education Plan or Individual Family Service Plan? \_\_\_\_\_ Yes    \_\_\_\_\_ No

