	Child Develo	ified School District opment Programs ty Application	discoverin joy of lean	g the	For Office Use O Rank Category: Admission Date:_		
DATE OF APPL	ICATION:		_/	/			
-	enter			(Pegu	est Only)		
Andros H April La Bernard FAMILY INFOF	Carperos ne Drive Street	001 Chele Alvi (8-11)		King Avenue Lincoln Park Avenue Barry	est Only)		
Parent/Guardian	Mother Nar	ne:					
Parent/Guardian	/Father Nam	e:					
Address: City: Zip Code:			Code:				
					o reach yo	ou?	
Message number	(preferably	someone outside t	the home)				
List all your chi	ldren living	g in vour home:					
Last Na		First Name &	& MI	Birthda 00/00/00	0.0	Gender Eircle One	Foster Child Circle one
					М	F	Yes No
					M	F	Yes No
					М	F	Yes No

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

Μ

F

Yes No

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

INCOME

Are you currently being served by TAN		No If yes, when did you start?		
Current sources of gross income: (Monthly in	icome before	Current sources of gross income: (Monthly income before		
taxes and deductions)		taxes and deductions)		
Parent/Guardian/Mother:		Parent/Guardian/Father:		
Gross Monthly Wages	\$	Gross Monthly Wages	\$	
Cash aid for children only (Monthly)	\$	Cash aid for children only (Monthly)	\$	
Receiving Child/Spousal Support (Monthly)	\$	Receiving Child/Spousal Support (Monthly)	\$	
Paying Child Support (Monthly)	\$	Paying Child Support (Monthly)	\$	
Unemployment (Monthly)	\$	Unemployment (Monthly)	\$	
Disability: (Monthly)	\$	Disability: (Monthly)	\$	
SSI/SSP: family member	\$	SSI/SSP: family member	\$	
Foster, Retirement, Survivor Benefits, Social	\$	Foster, Retirement, Survivor Benefits, Social	\$	
Security, school grant for cost of living, etc.		Security, school grant for cost of living, etc.		

FAMILY NEED STATUS:

The reason for needing services is:

	in for needing set flees is.	
Part	rt Time Preschool (3hrs)	
Full 7	ll Time Preschool (Working/Training)	
Incap	capacitated (Verified by a Legal Professional)	
Child	ild Protective Services	
Seeki	eking Employment	
EMPLOYN	YMENT/TRAINING INFORMATION:	
MOTHER:	R: Employer/School:	
	Address:	
	Occupation:Work	Phone:
	Full Time Part Time Temporary End	ding Date:
	Days of Work/Training:Time of Work	
FATHER:	: Employer/School:	
	Address:	
	Occupation:Work	Phone:
	Full Time Part Time Temporary End	ding Date:
	Days of Work/Training:Time of Work	
I understand that Development Pr	the above information is complete and true under penalty of perjury, punish that I am responsible for updating any changes to my information for consi it Programs. I give approval for my eligibility information to be shared with eligibility to receive child care and development services	deration of eligibility to the YCUSD Child
Applicants Sig	Signature Da	te
	************NOTES (FOR OFFICE USE ONLY Rev. 06-	16-16)******

**************NOTES (FOR OFFICE USE ONLY Rev. 06-16-16) ***********						
Dates	Initials	Comments				
		Provided Required Documents, Physical form, Bright Futures Schedule, & Resource Packet.				