

**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 Circle One	Foster Child 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

