Peralta Community College District

Children's Centers
Campus: □ Laney   □ Merritt
Priority List

Children's Center Preference (Please rank 1st, 2nd): Laney: _____ Merritt: _____

Parent/Guardian #1

First name & Middle:	
Last name:	
Relationship to child :	**Preferred Written Language:**
Phone Number :	**Email address:**
Does parent/guardian live in home with child? :	**Does parent/guardian provide financial support for child? :**

Parent/Guardian#2

_____ **Check here if Parent/Guardian #1 is a single parent**

First name & Middle Initial:	
Last Name:	
Relationship to child:	**Preferred Written Language:**
Phone Number:	**Email address:**
Does parent/guardian live in home with child?	**Does parent/guardian provide financial support for child?**

Household Information

Street Address:
City, State, ZIP:
My current address is: ___ Permanent ___ Temporary ___ Unstable____ My family is homeless
Family Size: This is the number of related adults and children living in household _____

Child Applying for Preschool

First and Middle Name:	
Last Name:	
Your Child's Ethnicity/Race :	**Date of Birth:**
Does your child have any special needs? _____No Special Needs _____ IEP _____ IFSP _____ Other	
If you chose other, please explain here:	
Is your child proficient in English? _____ Yes _____ No	**What is the language most spoken at home by child? :**

Other Children (under 18) Living in Home
*If more than four children, please use a separate sheet of paper to list other children and their date of birth.

First Name	Last Name	Middle Initial	Date of Birth

Monthly Income and Sources
Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household

GROSS MONTHLY INCOME	Parent/Guardian #1	Parent/Guardian #2 N/A if Parent/Guardian #1 is a single parent
Employment Salary	$	$
Cash Aid (CalWORKs)	$	$
Child/Spousal support THAT YOU RECEIVE	$	$
Unemployment Benefits	$	$
Worker's Compensation	$	$
Disability	$	$
Other Income	$	$
Please describe other income here		
TOTAL GROSS INCOME	$	$

Community and Family Services
Please indicate if anyone in the house is currently receiving the following services

Services	Parents P2 is N/A if P1 is a single parent		Minor Children	Other Anyone else in the home
	Parent 1	Parent 2		
CPS/Social Services Involvement				
Cal-Fresh				
Medi-Cal				
WIC				
Early Head Start or Head Start				
Foster Care or Informal Custody				

Acknowledgement

I attest and declare under penalty of perjury and the laws of the State of California that the information provided is true and correct. I understand that this is an **interest form** and by submitting this form does not guarantee me a place in the upcoming school year's program. I am aware that upon enrollment, I will be required to submit proof of the information provided above and if my situation has changed, it may affect my place on the priority/waiting list, as well as my potential enrollment.

I am aware that I can update my information at any time with _____.

Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____

Date: _____

STAFF USE ONLY
Staff acknowledge receipt and review of application and that the child has been placed accordingly on a priority/waiting list. If applicable, any additional information and/or comments added below for clarity.

_____

_____

_____

_____

Staff name:_____   Staff signature:_____

Date:_____

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Waiting List Application Updates (For Office Use Only)

Codes: (M) message   (D) drop from list   (R) remain on list   (T) telephone communication   (VIP) visiting the center in person   (P) phone disconnected   (U) Update information – please indicate on front that there is updated information

Date	Staff Signature	Comments / Codes

Additional Information:

_____
_____
_____
_____
_____
_____