kids town preschool

☐ STATE PRESCHOOL ☐ PRIVATE ☐ BOTH

DATE OF APPLICATION: _____

PARENT/GUARDIAN INFORMATION (Must provide information on all adults in the household)

Last Name:	First Name:	Relationship:	Primary Language:
Street Address:	City:	Zip Code:	County:
Home Phone:	Work Phone:	Cell Phone:	Email Address:

Are you receiving any cash aid (CalFresh, CalWORKS, Kin-GAP or FDPIR benefits)?: ☐ Yes ☐ No

PARENT/GUARDIAN #2 INFORMATION (Must provide information on all adults in the household):

Last Name:	First Name:	Relationship:	Primary Language:
Street Address:	City:	Zip Code:	County:
Home Phone:	Work Phone:	Cell Phone:	Email Address:

Are you receiving any cash aid (CalFresh, CalWORKS, Kin-GAP or FDPIR benefits)?: ☐ Yes ☐ No

HOUSEHOLD INCOME (Write total dollars, before taxes and deductions, for each source of income)

MONTHLY INCOME/SOURCE	MONTHLY INCOME/SOURCE	MONTHLY INCOME/SOURCE
$_____ Wages/Salaries or Income from self-employment	$_____ Spousal Support	$_____ Food Stamps
$_____ Social Security Benefits	$_____ State Disability	$_____ Unemployment benefits
$_____ Worker's Compensation	$_____ Child Support	$_____ Pension/Annuities
$_____ State Supplemental Income	$_____ Adoption Subsidies	$_____ Cash Aid (Children only)
$_____ Other:	$_____ If you pay child support, how much is it per month?	

FAMILY SIZE

Total number of household members living in your home _____

RACIAL/ETHNIC IDENTITY

Please mark one or more of the following racial identities:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Please mark one of the following ethnic identities: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

REASON FOR NEEDING CHILDCARE (Check all that apply)

☐ Working ☐ Looking for work ☐ Homeless/seeking housing

☐ Attending school or job training ☐ Medically incapacitated/disabled ☐ Migrant worker

☐ Preschool experience for child ☐ Other: _____

CHILD(REN) NEEDING SERVICE

#1 Last Name:	First Name:	#2 Last Name:	First Name:
Birth Date:	Gender: ☐ Male ☐ Female	Birth Date:	Gender: ☐ Male ☐ Female
Child has an IEP: ☐ Yes ☐ No Reason: _____	*Special needs, disabilities or medical conditions: _____	Child has an IEP: ☐ Yes ☐ No Reason: _____	*Special needs, disabilities or medical conditions: _____

*Special needs, disabilities or medical conditions: Developmental delays (cognitive, autism, Down Syndrome, physical motor), Social/Emotional delays or behavior, Physical Disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.) Health/medical (asthma, diabetes, etc.), Speech/language/communication, Hearing/Vision