



CHILD TO BE ENROLLED									
CHILD'S NAME			DATE OF BIRTH	GENDER M F		CHILD'S RACE	CHILD'S LANGUAGE		
ADDRESS (HOME)			CITY, STATE AND ZIP CODE			TELEPHONE NUMBER (HOME)			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY, STATE AND ZIP CODE			TELEPHONE NUMBER (MESSAGE)			
CHILD LIVES WITH	Both Parents <input type="checkbox"/>	Parent A <input type="checkbox"/>	Parent B <input type="checkbox"/>	Guardian <input type="checkbox"/>	Foster <input type="checkbox"/>	Dual Custody YES <input type="checkbox"/> NO <input type="checkbox"/>			
PARENT/GUARDIAN									
PARENT/GUARDIAN A NAME			GENDER M F	DATE OF BIRTH	MARITAL STATUS		EDUCATION LEVEL		
ADDRESS (IF DIFFERENT FROM ABOVE)			PARENT A LANGUAGE			PARENT A RACE			
<input type="checkbox"/> EMPLOYED # OF HOURS		<input type="checkbox"/> SEEKING EMPLOYMENT		<input type="checkbox"/> INCAPACITATED		<input type="checkbox"/> SEASONAL		<input type="checkbox"/> SCHOOL OR TRAINING	
ARE YOU A CAC EMPLOYEE? YES NO		ARE YOU A RELATIVE OF A CAC EMPLOYEE? YES NO		IF YES, NAME OF EMPLOYEE:					
PARENT/GUARDIAN B NAME			GENDER M F	DATE OF BIRTH	MARITAL STATUS		EDUCATION LEVEL		
ADDRESS (IF DIFFERENT FROM ABOVE)			PARENT B LANGUAGE			PARENT B RACE			
<input type="checkbox"/> EMPLOYED # OF HOURS		<input type="checkbox"/> SEEKING EMPLOYMENT		<input type="checkbox"/> INCAPACITATED		<input type="checkbox"/> SEASONAL		<input type="checkbox"/> SCHOOL OR TRAINING	
ARE YOU A CAC EMPLOYEE? YES NO		ARE YOU A RELATIVE OF A CAC EMPLOYEE? YES NO		IF YES, NAME OF EMPLOYEE:					
OTHER SIBLINGS IN HOUSEHOLD									
(use back of this application for additional names)									
CHILD'S NAME	GENDER M F		DATE OF BIRTH	CHILD'S NAME	GENDER M F		DATE OF BIRTH		
CHILD'S NAME	GENDER M F		DATE OF BIRTH	CHILD'S NAME	GENDER M F		DATE OF BIRTH		
PROGRAM OPTIONS									
INDICATE YOUR PREFERENCE BY USING "1", "2", AND "3", WITH "1" BEING YOUR FIRST CHOICE:									
<input type="checkbox"/> Part Day Session (3-5yrs)		<input type="checkbox"/> Full Day Session (18mo-5yrs) <small>(working or going to school full-time)</small>		<input type="checkbox"/> Home Based Option (0-3yrs)		<input type="checkbox"/> Family Child Care Option (6wks-5yrs) <small>(working or going to school full-time)</small>			
HOUSEHOLD									
DOES ANY FAMILY MEMBER RECEIVE:	CASH AID Yes No	MEDI-CAL Yes No	S.S.I. Yes No	WIC Yes No	FOOD STAMPS Yes No	ACTIVE MILITARY DUTY Yes No	CHILD WELFARE SERVICES Yes No		
WERE YOU REFERRED TO OUR AGENCY? Yes No	NAME OF REFERRING AGENCY:				WHAT IS YOUR FORM OF TRANSPORTATION?				
DISABILITIES									
DOES YOUR CHILD HAVE A DISABILITY? (CIRCLE DISABILITY)									
Yes No		SPEECH		HEALTH		PHYSICAL		MENTAL OTHER: _____	
IF YES, HAS YOUR CHILD HAD AN ASSESSMENT, WHICH RESULTED IN A DIAGNOSIS? (DOCUMENTATION ATTACHED)									
Yes No		IFSP		IEP					
PREFERRED CONTACT METHOD									
Would you like to opt into receive application status/program information via e-mail and/or text? If so, please provide your e-mail address and/or cell phone number(s) for text messages. Standard message and data rates may apply from your mobile service provider.								Yes	No
E-Mail Address				E-Mail Address					
Cell Phone Number, please include area code				Cell Phone Number, please include area code					
OTHER INFORMATION									
IS THERE ANY OTHER FAMILY NEED OR SITUATION YOU WOULD LIKE TO SHARE THAT WOULD HELP US TO SERVE YOU BETTER?									
I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION AND THE DOCUMENTS I HAVE PROVIDED WITH THIS APPLICATION CONCERNING MY ELIGIBILITY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.									
Parent/Guardian Signature: _____						Date: _____			