

## Subsidized State Preschool Wait List Application

**FAMILY SIZE:** \_\_\_\_\_

### Parent/Guardian A Information:

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Contact: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

**INCOME BEFORE TAXES** (*At the time of enrollment, income documentation will be required*)

Gross Income from working per pay period: \$ \_\_\_\_\_ Paid how often? \_\_\_\_\_ Hours per week worked: \_\_\_\_\_  
Monthly total amount for the following type(s) of income listed below (if applicable): \$ \_\_\_\_\_  
Disability or Unemployment: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Cash Aide: \$ \_\_\_\_\_  
Survivor/Retirement Benefits: \$ \_\_\_\_\_ Spousal Support: \$ \_\_\_\_\_ Worker's Comp: \$ \_\_\_\_\_  
Other: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

*Foster parents or legal guardians – please provide total Cash Aide amount the child(ren) receive each month only.*

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### Parent/Guardian B Information:

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Contact: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

**INCOME BEFORE TAXES** (*At the time of enrollment, income documentation will be required*)

Gross Income from working per pay period: \$ \_\_\_\_\_ Paid how often? \_\_\_\_\_ Hours per week worked: \_\_\_\_\_  
Monthly total amount for the following type(s) of income listed below (if applicable): \$ \_\_\_\_\_  
Disability or Unemployment: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Cash Aide: \$ \_\_\_\_\_  
Survivor/Retirement Benefits: \$ \_\_\_\_\_ Spousal Support: \$ \_\_\_\_\_ Worker's Comp: \$ \_\_\_\_\_  
Other: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

*Foster parents or legal guardians – please provide total Cash Aide amount the child(ren) receive each month only.*

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**OFFICE USE ONLY:** RANK#: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

## CHILD(REN) APPLICANT INFORMATION

Child 1:

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birth Date (D.O.B.): \_\_\_\_\_

Is he/she a Foster Child? ☐ Yes ☐ No

Child's Preferred Language(s):

\_\_\_\_\_

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Child 2:

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birth Date (D.O.B.): \_\_\_\_\_

Is he/she a Foster Child? ☐ Yes ☐ No

Child's Preferred Language(s):

\_\_\_\_\_

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### ATTESTATION STATEMENT:

The information that I have provided is true and correct to the best of my knowledge. I understand that this is not an enrollment application and that subsidized spaces are offered based on the ranking scale (family size and income) from the Department of Education, Early Education Support Division. I understand that additional documentation will be required to verify information and my child's qualification for the program.

I understand that this application DOES NOT guarantee enrollment into:

JOBTRAIN, INC. CHILD DEVELOPMENT CENTER California State Preschool Program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_