



5681 HOLLISTER AVENUE
GOLETA, CA 93117
(800) 655-0617 or (805) 964-2347

120 WEST CHESTNUT AVENUE
LOMPOC, CA 93436
(805) 740-4555

201 WEST CHAPEL STREET
SANTA MARIA, CA 93458
(800) 894-0160 or (805) 922-2243

In order for your application to be complete, we need the following documentation (*your child's name and birthdate must be written on all documents, submit copies only*):

- * Birth Certificate
- * Proof of family size may be requested
- * Immunization Record
- * Health Assessment
- * Blood Lead Test
- * Documentation of Child's Disability (if applicable)
- * One month of current income and last years Tax Return
- * Income from other sources (i.e. public assistance, foster grant, SSI, child support etc.)
- * Housing Questionnaire

For transitional/homeless or foster children: If you are unable to provide the above listed documentation please speak directly to an enrollment staff person.

Application for Full Day Session: You must be working or going to school full-time to be considered for the Full Day Session. Please include employment verification, proof of enrollment in school or job-training program, or CWS referral.

***NO PROCESSING FEE TO COMPLETE APPLICATION.**

PLEASE NOTIFY US IMMEDIATELY OF CHANGES TO YOUR ADDRESS OR TELEPHONE NUMBER. CAC CHILDREN'S SERVICES DOES NOT PROVIDE TRANSPORTATION.

We require that children be up-to-date on their health assessments, including immunizations (shots), to attend school or child care. Please contact your doctor or clinic now to obtain the documented results of your child's most recent health assessment. The assessment must be complete and up-to-date – showing the date your child was examined, the results of each part of the assessment, and the doctor's signature or clinic's stamp verification. Please ask us for details.

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school or child care. Using the chart below, make sure your child's Immunization Record is up-to-date. It must show the date your child was given each required shot and the doctor's signature or clinic's stamp verification for each shot given.

AGE OF ENROLLMENT	NUMBER OF REQUIRED VACCINATIONS	TYPE OF VACCINATION
2 – 3 months	1 of each type	Polio, DTP/DTaP, Hib, Hepatitis B
4 – 5 months	2 of each type	Polio, DTP/DTaP, Hib, Hepatitis B
6 – 14 months	3 2 of each type	DTP/DTaP Polio, Hib, Hepatitis B
15 – 17 months	3 of each type 2 1 1	Polio, DTP/DTaP Hepatitis B MMR (on or after the first birthday) Hib (on or after the first birthday, regardless of any doses given before the first birthday)
18 months – 4 years	3 4 3 1 1 1	Polio DTP/DTaP Hepatitis B MMR (on or after the first birthday) Hib (on or after the first birthday, regardless of any doses given before the first birthday) Varicella (if your child had chickenpox disease, ask your doctor to note it on the Immunization Record to meet the requirement)

If your child's record is missing some doses, please contact your doctor or clinic now to obtain the full Immunization Record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you get the remaining doses when they become due.

Your child may be exempted for some or all immunizations by a doctor because of a medical condition, or by you because of your personal or religious beliefs. Please ask us for details.