



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					
<small>(use back of this application for additional names)</small>					
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)		<input type="checkbox"/> Home Based Option (0-3yrs)	
<input type="checkbox"/> Family Child Care Option (6wks-5yrs)					
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?		DO YOU OWN OR RENT?
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-in to 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: _____	