



**YUBA CITY UNIFIED SCHOOL DISTRICT
CHILD DEVELOPMENT PROGRAMS**
Discovering the Joy of Learning...

ELIGIBILITY APPLICATION

Full-Day/Full-Year State Preschool

Part-Day/Part-Year State Preschool

_____ Morning Session

_____ Afternoon Session

FAMILY INFORMATION:

Parent A/Caretaker Name: _____ Relationship: _____

Contact Phone: _____ Email: _____

Parent B/Caretaker Name: _____ Relationship: _____

Contact Phone: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

SCHOOL SITES:

Andros Karperos, April Lane, Bernard Drive, Bridge Street, King Avenue, Lincoln, Park Avenue, and Barry.

List all your children living in your home (under 18 years of age):

Last Name	First Name	Birthdate	Gender (Circle One)		Foster Child (Circle One)		* IEP/**IFSP (Circle One)	
			M	F	Yes	No	Yes	No
			M	F	Yes	No	Yes	No
			M	F	Yes	No	Yes	No
			M	F	Yes	No	Yes	No
			M	F	Yes	No	Yes	No
			M	F	Yes	No	Yes	No

If Marked "Yes" for IEP, please attach a copy of IEP

TOTAL FAMILY MEMBERS (Circle One) 1 2 3 4 5 6 7 8 9 10

Initial Family Language Instrument: (Answer only for the Child(ren) for which you are applying)

Which language(s) does your child hear at home? _____

Which language(s) does your child hear in their neighborhood and community? _____

Which language(s) does your child understand? _____

Which language(s) does your child speak? _____

* Individualized Education Plan

** Individualized Family Service Plan

INCOME:

Are you currently receiving CalWorks or CalFresh?

Yes _____ No _____

Are you currently receiving Medi-Cal for the whole family?

Yes _____ No _____

Current sources of gross income: (Monthly income before taxes and deductions)

Parent A/Caretaker:

Gross Monthly Wages \$ _____
Cash-Aid or Children only (Monthly) \$ _____
Receiving Child/Spousal Support (Monthly) \$ _____
Paying Child Support (Monthly) \$ _____
Unemployment (Monthly) \$ _____
Disability: (Monthly) \$ _____
SSI/SSP: family member _____ \$ _____
Foster, Retirement, Survivor Benefits, Social Security, School Grant for Cost of Living, etc. \$ _____

Parent B/Caretaker:

Gross Monthly Wages \$ _____
Cash-Aid for Children only (Monthly) \$ _____
Receiving Child/Spousal Support (Monthly) \$ _____
Paying Child Support (Monthly) \$ _____
Unemployment (Monthly) \$ _____
Disability: (Monthly) \$ _____
SSI/SSP: family member _____ \$ _____
Foster, Retirement, Survivor Benefits, Social Security, School Grant for Cost of Living, etc. \$ _____

FAMILY NEED STATUS:

The reason for needing services is:

_____ No Need
_____ Working/Training
_____ Incapacitated (Verified by a Legal Professional)

_____ Child Protective Services
_____ Seeking Employment

EMPLOYMENT/TRAINING INFORMATION:

Parent A/Caretaker:

Employer/School: _____
Address: _____
Occupation: _____ Work Phone: _____
Full-Time _____ Part-Time _____ Temporary _____ Ending Date: _____
Days of Work/Training: _____ Time of Work/Training: _____

Parent B/Caretaker:

Employer/School: _____
Address: _____
Occupation: _____ Work Phone: _____
Full-Time _____ Part-Time _____ Temporary _____ Ending Date: _____
Days of Work/Training: _____ Time of Work/Training: _____

I verify that the above information is complete and true under penalty of perjury, punishable by all applicable State and Federal Laws. I understand that I am responsible for updating any changes to my information for consideration of eligibility to the YCUSD Child Development Programs. I give approval for my eligibility information to be shared with any other Early Education Division (EED) or Child Care Development Division (CCDD) funded programs for determining eligibility to receive child care and development services

Received the Family Resource Guide No services needed at this time or _____
List the services needed

Applicant's Signature _____ Date _____

*******NOTES (FOR OFFICE USE ONLY Rev. 9-16-25)*******

Dates	Initials	Comments
_____	_____	Family Resource Guide.
_____	_____	<input type="checkbox"/> Received IEP
_____	_____	Entered in the Waiting List. Rank # _____
_____	_____	_____
_____	_____	_____