



Preliminary Confidential Application for Chico Unified School District State Preschool Program

Please mark all that apply:

- Child Protective Services Special Needs (*describe*) _____
 Homeless Limited English Non-English

Part 1: Preschool Child Applicant

_____ Date of Birth: ____/____/____
First Name Middle Last Name

Gender: Male Female Race: _____ Primary Language: _____

Home Address: _____

Mailing Address (*if different from above*): _____

Part 2: Parent/Guardian Information

Parent A	Parent B
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relationship to child: _____	Relationship to child: _____
Primary Language: _____	Primary Language: _____
Contact Ph #: _____	Contact Ph #: _____
Race: _____	Race: _____
Highest Education completed: _____	Highest Education completed: _____
Address: _____	Address: _____
Email: _____	Email: _____

Complete next page →

Part 3: Siblings under 18 living in the home (that you are financially responsible for):

1. _____ Date of Birth: ____/____/____
First Name Middle Last Name
Gender: Male Female

2. _____ Date of Birth: ____/____/____
First Name Middle Last Name
Gender: Male Female

3. _____ Date of Birth: ____/____/____
First Name Middle Last Name
Gender: Male Female

4. _____ Date of Birth: ____/____/____
First Name Middle Last Name
Gender: Male Female

Part 4: Family Income (PROOF OF INCOME MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER TO BE REVIEWED FOR QUALIFICATION)

If employed, please complete:

Parent A: Gross Wages (before taxes) \$ _____/month

Parent B: Gross Wages (before taxes) \$ _____/month

****Must provide current pay stubs for a full month**

****If self-employed please ask the Preschool Program for a self-employment form**

LIST ANY OTHER SOURCES OF INCOME YOU RECEIVE (CHILD SUPPORT, DISABILITY, CASH AID, FINANCIAL AID, UNEMPLOYMENT, ETC.) AND THE AMOUNT.

(Please provide verification for each of these additional sources)

Part 5: Signature

- I swear under penalty of perjury that the above information is true and correct, and that I have included all sources of income.
- I hereby authorize the release and sharing of any and all information on this application for the purpose of eligibility determination or program reporting requirements.

X

Signature of Parent/Guardian Date Relationship to child applicant

Part 6: Checklist (We need the following information to certify and include applicant on the waiting list for the program)

- Completed Preliminary Application (2 pages)
- Current One Month Income Verification for all listed income sources
- Filing/deed for child support, divorce, or separation confirming that you are the responsible party for the child applicant