

## ELS PRESCHOOL SERVICES APPLICATION

Child (Applicant)				
First Name	Middle	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date
Living Address			City/ Zip	Birth Country
Mailing Address (if different)			City/ Zip	
Is the child in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic /Non-Latino	Race <input type="checkbox"/> Asian <input type="checkbox"/> White (European, Middle Eastern, North African) <input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> More than one race (Bi-racial/Multi-racial) <input type="checkbox"/> Other _____	
Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____				
What Language does your child use the most? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____				
Does the child have a current IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process				
Family Information				
Parents/Guardians in the Home: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents		What language would you like to receive communication from Early Learning Services? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese		
<u>Primary</u> Parent/Guardian's Name	Lives with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date	Relationship to Child	
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Cell Phone Number: ( ) _____ Opt in to receive Text Message <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Primary Parent/Guardian's Email Address</b>		
<b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Incapacitated <input type="checkbox"/> Retired <input type="checkbox"/> Student				
<b>Education:</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Some College or AA/AS <input type="checkbox"/> Bachelor's or Advanced Degree				
<u>Secondary</u> Parent/Guardian's Name	Lives with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date	Relationship to Child	
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Cell Phone Number: ( ) _____ Opt in to receive Text Message <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Secondary Parent/Guardian's Email Address</b>		
<b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Incapacitated <input type="checkbox"/> Retired <input type="checkbox"/> Student				
<b>Education:</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Some College or AA/AS <input type="checkbox"/> Bachelor's or Advanced Degree				
List all other family members living in the household for whom you are responsible for the care and welfare - NOT LISTED ABOVE:				
First Name	Last Name	Date of Birth	Is this person related to the child's parent(s)?	Is this person supported by the parent's(s) income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number in your family (Including you) for whom you provide financial support			[ ]	

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CPID \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

## Eligibility

Primary Parent/Guardian		Secondary Parent/Guardian	
Primary Parent/Guardian's Name	Has Income <input type="checkbox"/> Y <input type="checkbox"/> N	Secondary Parent/Guardian's Name	Has Income <input type="checkbox"/> Y <input type="checkbox"/> N
Check all that apply. <b>Do you receive:</b> <input type="checkbox"/> CalFresh (SNAP) <input type="checkbox"/> TANF/CalWORKS <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment/Disability <input type="checkbox"/> Workers Comp		Check all that apply. <b>Do you receive:</b> <input type="checkbox"/> CalFresh (SNAP) <input type="checkbox"/> TANF/CalWORKS <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment/Disability <input type="checkbox"/> Workers Comp	
Employment Information		Employment Information	
Employer Name	Employer Phone (    )	Employer Name	Employer Phone (    )
Employer Name	Employer Phone (    )	Employer Name	Employer Phone (    )
<b>Pay Periods</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly Gross Income \$ _____ Per _____		<b>Pay Periods</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly Gross Income \$ _____ Per _____	
School/Training Information		School/Training Information	
Are you in School or Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you in School or Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Units: _____		Units: _____	
School Name	School Phone	School Name	School Phone

## Emergency Contact Information

Name	Phone	Relationship
	(    )	

### Supplemental Language Questionnaire:

The following questions are optional. Your responses will not affect your eligibility or enrollment in the program. However, providing this information helps us better understand and support the families we serve.

What language(s) does your child hear and/or is exposed to at home?

- English  Spanish  Vietnamese  Other: \_\_\_\_\_

Which language(s) does your child hear and/or is exposed to in their neighborhood/community?

- English  Spanish  Vietnamese  Other: \_\_\_\_\_

What language(s) does your child understand and/or respond to?

- English  Spanish  Vietnamese  Other: \_\_\_\_\_

Which language(s) does your child speak and/or use to communicate?

- English  Spanish  Vietnamese  Other: \_\_\_\_\_

I certify that the information in this application is true and complete to the best of my knowledge. I understand that failure to report correct information may be grounds for rejection of this application or termination of childcare services.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Review application with parents/guardians at intake and have the parent sign below*

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_