

FUN SHIP CHILDREN'S CENTER  
 State Preschool Programs  
**APPLICATION FOR ENROLLMENT**  
**STATE PRESCHOOL PROGRAM**  
 CONFIDENTIAL

NOTE: The California State Preschool Program requires a formal application and eligibility determination process for program participation. This form must be completed prior to the entrance of the child into the State Preschool Program.

CLASS \_\_\_\_\_

DATE \_\_\_\_\_

**PART I – FAMILY INFORMATION**

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

A. Name(s) of Parent/Caretaker(s) **residing in home:**

Parent Name	Relationship to Child (Mother, Father, Guardian, Foster, Step)	Home/Cell Phone	Work Phone
Parent Name	Relationship to Child (Mother, Father, Guardian, Foster, Step)	Home/Cell Phone	Work Phone

B. Name and Address of Birth Parent **NOT residing in home:** \_\_\_\_\_  
 Additional Information Required concerning custody arrangements \_\_\_\_\_

C. Names and Birth dates of Brothers/Sisters under the age of 18: \_\_\_\_\_  
 \_\_\_\_\_

D. Family size (including you, your children, spouse/partner) \_\_\_\_\_

E. Street Address of Household: \_\_\_\_\_  
Address City Zip

F. Spoken Language Preference: \_\_\_\_\_

**PART II – INCOME RESOURCES – Please provide proof of income**

**Mother:**

Total Work Hours Per Week \_\_\_\_\_

GROSS Monthly Income \_\_\_\_\_

I currently work  YES  NO

I am a single parent  YES  NO

Indicate amount of child support received monthly \_\_\_\_\_

**Father:**

Total Work Hours Per Week \_\_\_\_\_

GROSS Monthly Income \_\_\_\_\_

I currently work  YES  NO

I am a single parent  YES  NO

Indicate amount of child support received monthly \_\_\_\_\_

*I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
**Signature of Parent** **Date**

**PART III – AUTHORIZATION – FOR OFFICE USE ONLY**

ELIGIBILITY STATUS: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_ Homeless

**SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE:** \_\_\_\_\_ **Date** \_\_\_\_\_