



State Preschool Preliminary Application

Choice of Preschool Location: Sessions are Monday through Friday AM or PM

Earths Park Oaks Neighborhood City Center for Young Children
Returning State Preschool Child? Yes No

Our program requires that your child be toilet trained. Is your child toilet trained? Yes No

Enrollment Priorities: 1) 4- and 3-year olds recipients of CPS 3) 4-year-olds and families with the lowest income ranking
2) Children enrolled in the program last year 4) 3-year olds and families with the lowest income ranking

APPLICANT CHILD: First Name _____ Last Name _____ Date of Birth _____

Sex: F M Language (s) Spoken _____ Does your child have allergies, medical problems, or other concerns

we should be aware of _____

Has your child been screened for speech or other developmental issue? _____

PARENT/GUARDIAN A: Relationship to Applicant Child _____ **PARENT/GUARDIAN B: Relationship to Applicant Child** _____

Select one: Single Married Divorced Separated Widowed Select one: Single Married Divorced Separated Widowed

First Name: _____ First Name: _____

Last Name: _____ Last Name: _____

Language(s) Spoken: _____ Language(s) Spoken: _____

Daytime Phone _____ Cell _____ Daytime Phone _____ Cell _____

Email Address _____ Email Address _____

Address _____

FAMILY INCOME INFORMATION: Attach copies of **your most recent 30 days** of pay stubs. If **self-employed** please attach your last Federal 1040 form

and a Statement of Current Estimated Income. **Mother's Monthly Gross Income** _____ **Father's Monthly Gross Income** _____

Other Income and Benefits for Adults in the home: Send current verification of any benefits listed: Cash Aid Assistance \$ _____ Unemployment

\$ _____ State/ Private Disability Insurance \$ _____ Retirement Benefits \$ _____ Child Support \$ _____

TOTAL INCOME: \$ _____ **Family Size** _____

To begin the certification process, please make an appointment with a Coordinator at one of the following sites. **Earths: 498-8391, Park Oaks: 241-1776, Neighborhood City Center 494-8100.** Please bring proof of income for the past 30 days, proof of residence(utility bill in your name or rental agreement), birth records for all siblings under 18 years of age living in the home, **current immunization, and physician's report that includes TB clearance for the child applying, current TB test for parent.** **NOTE** if there is a parent whose name is listed on the birth record, but that parent does not live in the home; please **submit ONE** of the following: Proof of absent parent's current address, filing/decre for child support, divorce or separation confirming that your are the responsible party for the child(ren).

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.
I understand that this is a preliminary application ONLY and does not guarantee enrollment in the program

(Signature of parent/guardian)

(Relationship to Child)

(Date)

Rank Number _____