

Preliminary Confidential Application for Chico Unified School District Preschool

Our program requires that your child be toilet trained.

Circle Preferred Site: McManus Chapman Citrus

Please mark all that apply:

- Child Protective Services Special Needs _____
 Homeless Limited English or Non English

Part 1: Preschool Child Applicant

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

Gender: Male / Female Race: _____ Primary Language: _____

Physical 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 _____
Primary Language	_____		Primary Language _____
Contact Number	_____		Contact Number _____
Race	_____		Race _____
Highest Education Completed	_____		Highest Education Completed _____
Current Address	_____ _____		Current Address _____ _____
Email Address	_____		Email Address _____

Complete back page \longrightarrow

Part 3: Family Size Information

Siblings under 18 Living in the Home:
(That you are financially responsible)

1) _____	Date of Birth: ____/____/____
Name (First) (Middle) (Last)	
Gender: Male / Female	
2) _____	Date of Birth: ____/____/____
Name (First) (Middle) (Last)	
Gender: Male / Female	
3) _____	Date of Birth: ____/____/____
Name (First) (Middle) (Last)	
Gender: Male / Female	
4) _____	Date of Birth: ____/____/____
Name (First) (Middle) (Last)	
Gender: Male / Female	

Part 4: Family Income

If employed, please complete:

Parent A: Gross Wages \$ _____/month

Parent B: Gross Wages \$ _____/month

**Must provide current pay stubs for a full month

**If self-employed please attach your last Federal 1040 form and Statement of Current Estimated Income

Please 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.

_____ Signature of Parent	_____ Date	_____ Relationship to Child
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Part 6: Checklist (We need the following information to certify and include your child on the waiting list for our program)

- Completed Preliminary Application (Front and Back)
- 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(ren) you are enrolling in CUSD Preschool.