



Preliminary Confidential Application for Chico Unified School District Preschool

Our program requires that your child be toilet trained.

Circle Preferred Site: Loma Vista (Little Mustangs, Little Lions, Little Bobcats) Parkview Chapman

Please mark all that apply:

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

Part 1: Preschool Child Applicant

First Name Middle Last Date of Birth ____/____/____
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	_____	Highest Education	_____
Completed	_____	Completed	_____
Current Address	_____ _____	Current Address	_____ _____
Email Address	_____	Email Address	_____
Relationship to child	_____	Relationship to child	_____

Complete back page



Part 3: Family Size Information

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

- | | |
|---|-------------------------------|
| 1. _____ | Date of Birth: ____/____/____ |
| First Name Middle Last | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 2. _____ | Date of Birth: ____/____/____ |
| First Name Middle Last | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 3. _____ | Date of Birth: ____/____/____ |
| First Name Middle Last | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 4. _____ | Date of Birth: ____/____/____ |
| First Name Middle Last | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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 \$_____/month

Parent B: Gross Wages \$_____/month

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

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

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

- | |
|---|
| <input type="checkbox"/> Completed Preliminary Application (Front and Back) |
| <input type="checkbox"/> Current One Month Income Verification for all listed income sources |
| <input type="checkbox"/> Filing/decreed for child support, divorce, or separation confirming that you are the responsible party for the child(ren) you are Enrolling in CUSD Preschool. |