



### Registration Form

**PARENT/GUARDIAN #1 INFORMATION**

Last Name		First Name		Primary Language	
Street Address			City		Zip Code
Home Phone		Work Phone		Cell Phone	

Are you currently receiving cash aid? Yes \_\_\_ No \_\_\_ If NO, have you received cash aid within the last two years? Yes \_\_\_ No \_\_\_  
If YES, last date of cash aid payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is Parent/Guardian #1 currently:	<input type="checkbox"/> Working (Employer's Name/Address) _____
	<input type="checkbox"/> Attending School or Job Training (Name of School/Address _____)
	<input type="checkbox"/> Medically Incapacitated/Disabled
	<input type="checkbox"/> Looking for Work
	<input type="checkbox"/> Homeless/Seeking housing
	<input type="checkbox"/> Migrant Worker
	<input type="checkbox"/> Looking for a Part-day preschool experience for child ONLY

**INCOME** (Write total dollars, before taxes and deductions, for each source of income)

Monthly Income	Source	Monthly Income	Source	Monthly Income	Source
	Wages/Salaries or Income from Self-employment		Spousal Support		Food Stamps
	Social Security Benefits		State Disability		Unemployment Benefits
	Worker's Compensation		Child Support		Pensions/Annuities
	State Supplemental Income		Adoption Subsidies		Cash Aid (children only)
	Other		If you <u>pay out</u> child support, how much it is per month?		

**PARENT/GUARDIAN #2 INFORMATION**

Last Name		First Name		Primary Language	
Home Phone		Work Phone		Cell Phone	

Are you currently receiving cash aid? Yes \_\_\_ No \_\_\_ If NO, have you received cash aid within the last two years? Yes \_\_\_ No \_\_\_  
If YES, last date of cash aid payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is Parent/Guardian #2 currently:	<input type="checkbox"/> Working (Employer's Name/Address) _____
	<input type="checkbox"/> Attending School or Job Training (Name of School/Address _____)
	<input type="checkbox"/> Medically Incapacitated/Disabled
	<input type="checkbox"/> Looking for Work
	<input type="checkbox"/> Homeless/Seeking housing
	<input type="checkbox"/> Migrant Worker
	<input type="checkbox"/> Looking for a Part-day preschool experience for child ONLY

**INCOME** (Write total dollars, before taxes and deductions, for each source of income)

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	Worker's Compensation		Child Support		Pensions/Annuities
	State Supplemental Income		Adoption Subsidies		Cash Aid (children only)
	Other		If you <u>pay out</u> child support, how much it is per month?		

**CHILDREN LIVING AT HOME** (All children in the household under 18 or under age 22 if disabled)

<b>#1.</b> First Name				<b>#2.</b> First Name			
Last Name				Last Name			
Birth date		Sex		Birth Date		Sex	
IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE				IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE			
Foster Care Payments	Social Worker's Name	Contact Number	Case Number	Foster Care Payments	Social Worker's Name	Contact Number	Case Number
At Risk of Abuse, Neglect or Exploitation? Yes ___ No ___ (Must have a referral) Referred by _____		List related siblings in the same household		At Risk of Abuse, Neglect or Exploitation? Yes ___ No ___ (Must have a referral) Referred by _____		List related siblings in the same household	
Parents Relationship to this child: Biological ___ Foster ___ Guardian ___ Adoptive ___ Other ___				Parents Relationship to this child: Biological ___ Foster ___ Guardian ___ Adoptive ___ Other ___			
<b>#3.</b> First Name				<b>#4.</b> First Name			
Last Name				Last Name			
Birth date		Sex		Birth Date		Sex	
IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE				IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE			
Foster Care Payments	Social Worker's Name	Contact Number	Case Number	Foster Care Payments	Social Worker's Name	Contact Number	Case Number
At Risk of Abuse, Neglect or Exploitation? Yes ___ No ___ (Must have a referral) Referred by _____		List related siblings in the same household		At Risk of Abuse, Neglect or Exploitation? Yes ___ No ___ (Must have a referral) Referred by _____		List related siblings in the same household	
Parents Relationship to this child: Biological ___ Foster ___ Guardian ___ Adoptive ___ Other ___				Parents Relationship to this child: Biological ___ Foster ___ Guardian ___ Adoptive ___ Other ___			

**CHILDREN WITH SPECIAL NEEDS, DISABILITIES OR MEDICAL CONDITIONS**

<i>Check all that apply for each child listed above</i>	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Child has Individual Family Services Plan (IFSP) age 0-3				
Child has an Individual Education Plan (IEP) ages 3 and older				
Receives Early Start/Regional Center services				
Receives services from local school district (special education)				
Developmental delays (cognitive, autism, Down syndrome, etc)				
Developmental delays (physical motor)				
Social/Emotional delays or behavior				
Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc)				
Health/medical (asthma, diabetes, other _____)				
Speech/Language/Communication				
Hearing/Vision				