

7390 BULLDOG WAY, PALERMO, CA 95968



PALERMO UNION SCHOOL DISTRICT

PRESCHOOL PROGRAMS

Eligibility Application Date ____/____/____

Office Use Only DATE/Initial
Rank: _____
Eligible 3 YR or 4 YR (CIRCLE)

<input type="checkbox"/> Palermo	<input type="checkbox"/> Helen Wilcox	<input type="checkbox"/> Honcut
<input type="checkbox"/> Full Day/Year Round	<input type="checkbox"/> Full Day/Year Round	
<input type="checkbox"/> Part Day (3 Hours) AM PM (CIRCLE)	<input type="checkbox"/> Part Day (3 Hours) AM PM (CIRCLE)	

FAMILY INFORMATION:

A. Parent/Guardian *Check if single parent*

Name: _____
First MI

Address _____

City Zip code

() - () -

Home Phone Cell Phone

Work/School Address _____

() -

Work Phone

List Preschool age child(ren) First

B. Parent/Guardian

Name: _____
First MI Last

check if same address as parent/Guardian A

Address _____

City Zip code

() - () -

Home Phone Cell Phone

Work/School Address _____

() -

Work Phone

Last Name	First Name	MI	Birthdate (DOB)	Gender M or F	Foster CARE
	/		/ /	M F	Yes No
	/		/ /	M F	Yes No
	/		/ /	M F	Yes No
	/		/ /	M F	Yes No

INCOME: Currently Cal Works/TANF? Yes ___ No (circle) If yes, when did you start? _____
 Current sources of gross income:

(Monthly income before taxes and deductions) List amount for each category or zero.

Parent/Guardian A:

\$ _____ Gross Monthly Wages
 \$ _____ Cash aid for children only
 \$ _____ Receiving Child/Spousal Support
 \$ _____ Paying Child Support
 \$ _____ Unemployment
 \$ _____ Disability:
 \$ _____ SSI/SSP: family member _____
 \$ _____ Foster, Retirement, Survivor Benefits
 \$ _____ School grant for cost of living

Parent/Guardian B:

\$ _____ Gross Monthly Wages
 \$ _____ Cash aid for children only
 \$ _____ Receiving Child/Spousal Support
 \$ _____ Paying Child Support
 \$ _____ Unemployment
 \$ _____ Disability:
 \$ _____ SSI/SSP: family member _____
 \$ _____ Foster, Retirement, Survivor Benefits,
 \$ _____ School grant for cost of living

FAMILY NEED STATUS:

(Please check ALL that apply)

_____ The reason for needing services is:
 _____ Part Time Preschool (3hrs) _____ Homeless
 _____ Full Time Preschool (Working/Training)
 _____ Child Protective Services /At Risk
 _____ Incapacitated (Verified by a Legal Professional)
 _____ Seeking Employment

I verify that the above information is complete and true under penalty of perjury, punishable by all applicable State and Federal Laws. I understand that I am responsible for updating any changes to my information for consideration of eligibility to the Palermo Union School District Preschool Programs.

Applicants Signature _____ Date _____

*******NOTES (FOR OFFICE USE ONLY) *******

Dates	Staff Initials	Comments
_____	_____	<u>Provided Required Documents, & Resource Packet</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____