

Redlands Child Development Center State Subsidized Child Care Application

| AP# | RDN Initials |
|-------------|--------------|
| Date | |
| Family Size | |

In order to receive State Subsidized child care services, families must meet eligibility and need criteria set forth by the California Department of Education. Your family will be given an Admission Priority (AP) number based on the information you provide on this application. Prior to enrollment all information must be verified, AP number may be amended to reflect verified information. Please call to update any changes to this application.

| - · · · · | | |
|---|--|--|
| Parent A Information | | |
| Name | Home Language | |
| Street Address | | |
| City, State, Zip | | |
| Home Phone | Cell Phone | |
| Email Address | Preferred Form of Contact: Home Phone Cell Phone Email | |
| Income Sources | Parent Reason for Child Care Services | |
| Gross Monthly Income Are you currently receiving Calworks, Cash Aid, AFDC, TANF? If yes, amount received Child Support paid out Child Support received Other sources of income Total Income \$ \$ \$ Y N N N Example 1 Y N N S T N S T S | State Preschool only (3 hour) Parent Incapacitation Employment Education/Vocational Training Seeking employment Seeking permanent housing CPS referral Homelessness | |
| Parent B Information (if applicable) | | |
| Name | Home Language | |
| Street Address | | |
| City, State, Zip | | |
| Home Phone | Cell Phone | |
| Email Address | Preferred Form of Contact: Home Phone Cell Phone Email | |
| Income Sources Gross Monthly Income \$ Are you currently receiving Calworks, Cash Aid, AFDC, TANF? Y N If yes, amount received \$ Child Support paid out \$ Child Support received \$ Other sources of income \$ Total Income \$ | Parent Reason for Child Care Services State Preschool only (3 hour) Parent Incapacitation Employment Education/Vocational Training Seeking employment Seeking permanent housing CPS Referral Homelessness | |
| Child Information Please write First/MI/Last Name | | |
| Name | Yes No Date of Birth | |
| Name | Yes No Date of Birth | |
| Name | Yes No Date of Birth | |
| In boxes above, please designate, with appropriate letter, e | either (N) Natural, (G) Guardianship , or (F)Foster child | |