

2009-2010 SCHOOL YEAR
SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION



The CALIFORNIA STATE PRESCHOOL offers a parent and child education program to low and moderate income families. It is free of cost to qualified families. The program is funded by the California State Department of Education and administered through the San Luis Obispo County Office of Education.

One of the most important aspects of our program is "parent education and involvement." The following participation is needed to insure the required adult/child ratios for licensing and the educational goals for both the children and families in our program: 1) assure full attendance for your child (5 days per week for a 3-hour period); 2) transport your child to and from school at the designated time (we do not offer transportation); 3) attend parent education meetings; and 4) participate twice per month in the classroom.

Currently our sites are located in: Atascadero, Cuesta College, Grover Beach*, Los Osos*, Morro Bay*, Nipomo, Oceano, Paso Robles (Bauer, Pifer & Georgia Brown), San Luis Obispo*, San Miguel, and Shandon.*

*The California State Preschool has full day programs in five locations. The requirements for the extended day portion of the program are that families must be working a minimum of 30 hours per week or taking a minimum of 12 units of college course work and/or an approved vocational training program. Enrollment for the full day programs will take place during your orientation with your teacher.

OUR CHILD EDUCATION PROGRAM INCLUDES:

- Child-directed activities to develop independence, problem-solving, decision-making and creative thinking skills.
- Teacher-planned activities to expand the children's interests and knowledge.
- Language development and communication skills.
- Cognitive development - pre-academic skills for reading, mathematics, and science.
- Creative exploration - art, music, dance, drama.
- Physical development - small muscle and large muscle coordination skills.
- Dental, nutrition and safety education.
- Emotional and social development through play with other children.
- Breakfast or a nutritious snack is provided daily.

Attached is our Preliminary Application. The enrollment process begins May 1st. If you qualify for the program, you will be contacted by phone to schedule a day and time for your Enrollment/Orientation Conference. If your application is not accepted, you will be notified by mail.

OUR PARENT EDUCATION PROGRAM INCLUDES OPPORTUNITIES TO:

- Focus on the important role parents play in their child's education.
- Build supportive relationships with other parents and teachers.
- Listen to speakers on topics such as positive discipline, health and nutrition, preparing your child for kindergarten, first aid, child safety both indoors and outside, etc.
- Learn about physical, cognitive, emotional, social, and creative development of children.

NOTE: When considering families for enrollment, the eligibility criteria must be considered (four-year-olds and lowest income ranking have priority).
California Department of Education (CDE), Child Development Division (COD), California Code of Regulations, Title 5 (5 CCR), Section 18131

FOR MORE INFORMATION CALL
782-7275 or
For our North County Residents, use our
toll free # 466-8181 x275

**2009-2010
CALIFORNIA STATE PRESCHOOL
PRELIMINARY APPLICATION
(Confidential)**

FOR OFFICE USE ONLY

Approval Date: _____

Enrollment Date: _____

Termination Date: _____

UA OI 15%

I hereby certify that the family below is eligible for the CA State Preschool Program. I have verified all sources of income reported.

Age: _____

Marque aquí si es que quiere recibir información adicional en español

Which preschool site would you like to attend? *CIRCLE ONE*

- | | | | | | |
|------------------|-----------------|------------------|--|------------------|-----------|
| ATASCADERO | *CUESTA COLLEGE | *GROVER BEACH #1 | *GROVER BEACH #2 | *GROVER BEACH #3 | *LOS OSOS |
| *MORRO BAY | NIPOMO | OCEANO | PASO ROBLES (MARIE BAUER, WINIFRED PIFER, GEORGIA BROWN) | | |
| *SAN LUIS OBISPO | SAN MIGUEL AM | | SAN MIGUEL PM (PRE-K) | SHANDON | |

Sites with an asterisk (*) have full-day programs. Are you interested in our full-day program? Yes No

Was this child in our program last year? Yes No If yes, which site? _____

Our program requires that your child be toilet trained -- is he/she? Yes No

- Enrollment Priorities:
- | | |
|---|--|
| 1) 4- and 3-year old recipients of CPS | 3) 4-year-olds and families with the lowest income ranking |
| 2) children enrolled in the program last year | 4) 3-year olds and families with the lowest income ranking |

PART 1: FAMILY SIZE INFORMATION

PRESCHOOL APPLICANT CHILD:

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Date of Birth: _____ Sex: _____

SIBLINGS UNDER 18 LIVING IN THE HOME
(that you are financially responsible for):

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Birth certificates for all of these children must be submitted

PART 2 PARENT/GUARDIAN INFORMATION

Number of Family Members: _____

PARENT A (parent #1)

PARENT B (parent #2) Complete if residing in the home

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Date of Birth: _____

Preferred Language: _____

Relationship to Applicant Child: _____

Home Ph: _____

Home Address: _____

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Date of Birth: _____

Preferred Language: _____

Relationship to Applicant Child: _____

Home Ph: _____

City: _____ County: _____ ZIP: _____

Mailing Address (if different): _____

EMERGENCY CONTACT: Name: _____ **Phone No.** _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

(Please complete other side also)

PART 3: FAMILY INCOME INFORMATION

If employed, please complete:

Parent A: GROSS Wages \$ _____/month Parent B: GROSS Wages \$ _____/month

Attach copies of your most recent full month of pay stubs. If self-employed, please attach your last Federal 1040 form and a Statement of Current Estimated Income.

Mark "A" for parent #1 and "B" for parent #2 and the GROSS AMOUNT next to all that apply:

- Child Support \$ _____/month
Cash Aid Assistance \$ _____/month
State/Private Disability Insurance \$ _____/month
Unemployment \$ _____/month
Foster Care or Adoption Assistance \$ _____/month
Social Security Survivor Benefits or Income Assistance Benefits \$ _____/month
Social Security Disability Benefits \$ _____/month
Retirement Benefits \$ _____/month
Financial Aid: State or Federal Grants/Scholarships (portion not identified for educational purposes as tuition, books, or supplies) \$ _____/TERM
Other (explain) _____ \$ _____/month

Attach copies of current income verification for each of these additional sources of income.

PART 4: EXCEPTIONAL NEEDS

Do any of the following apply to your family?

- Child Protective Services Case Handicapped or Special Need Other:
Homeless Limited English or Non-English

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 agency staff to verify wages with my employer. In addition, I authorize the release and sharing of my files by legally authorized personnel from the agency, from California Department of Education, or from Community Care Licensing to determine program compliance, family eligibility, and conformance with regulations and reporting requirements.
I understand that this is a preliminary application ONLY and does not guarantee enrollment in the program.

Signature of Parent Date Relationship to Applicant Child

PART 6: CHECKLIST (please include the following documents)

- Address Verification (utility bill or rental agreement)
Income Verification (if employed, copies of most recent full month of pay stubs; if self-employed, Federal 1040 form plus Statement of Current Estimated Income, for all additional sources of income, send current verification)
Birth Certificates (for all children, under 18, residing in the home that you are financially responsible for)
NOTE if there is a parent whose name is listed on the birth certificate, but that parent does not live in the home, please submit ONE of the following:
Utility bill in your name; or
Filing/deed for child support, divorce, or separation confirming that you are the responsible party for the child(ren)

Mail all documents to: CALIFORNIA STATE PRESCHOOL PROGRAM
San Luis Obispo County Office of Education
3350 Education Drive
San Luis Obispo, CA 93405