



2017-2018

## California State and First 5 Preschool Programs

Our programs offer a parent and child education program to low and moderate income families and are *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 - 3 ½ 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.

### 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, and 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 through the Child & Adult Care Food Program.

#### **Attached is the Preliminary Application**

- If you qualify for the program, you will be contacted by phone.
- 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, 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*

**Contact us for more**

**information:**

**805-782-7275**

**[www.slocoe.org](http://www.slocoe.org)**

**San Luis Obispo County Office of Education**

**Child Development Programs**

**3350 Education Drive**

**San Luis Obispo, CA 93405**

**2017 - 2018**  
**California State and First 5 Preschool Programs**  
**Preliminary Application**

☐

Marque aquí si es que quiere recibir  
información adicional en español

Which preschool site would you like your child to attend? \*CIRCLE ONE\*(subject to change)

**ATASCADERO**

**MARIE BAUER**

**WINIFRED PIFER**

**SAN MIGUEL**

**NIPOMO**

**GROVER BEACH**

**OCEANO FIRST 5**

**GEORGIA BROWN FIRST 5** (YOU MUST LIVE IN THE NEIGHBORHOOD TO APPLY FOR THESE 2 PROGRAMS)

RETURNING STATE PRESCHOOL FAMILY?

Yes ☐ No ☐

Other Preschools attended : \_\_\_\_\_

Our program requires that your child be toilet trained. ***This child is potty trained?*** CIRCLE ONE: Yes No

**Enrollment Priorities:**

1) 3 and 4-year old recipients of CWS

2) Children enrolled in the program last year

3) 4-year-olds and families with the lowest income ranking

4) Children that are 3-years old by September 1, 2017 and families  
with the lowest income ranking

**FAMILY SIZE INFORMATION**

**PRESCHOOL CHILD:**

(Complete Legal Name from official birth record)

First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Circle one: Single Married Divorced Separated Widowed

Relationship to Child: \_\_\_\_\_

**Complete Legal Name**

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Phone: Home/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

ZIP: \_\_\_\_\_

**Alternate Contact if family is not available:**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Number of Family Members:** \_\_\_\_\_

SIBLINGS UNDER 18 LIVING IN THE HOME

**Photo Copy of Birth records for all children must be submitted**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Circle one: Single Married Divorced Separated Widowed

Relationship to Child: \_\_\_\_\_

**Complete Legal Name**

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Phone: Home/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Please complete other side**



**Please complete for Current Family Income:**

Attach copies of your **most recent 30 consecutive days** of pay stubs and verification of any benefits listed below.  
If **self-employed**, please **provide** a copy of your last Federal 1040 form **and** a Statement of Current Estimated Income.

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City Zip Code

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City Zip Code

**INCOME AND BENEFITS FOR ADULTS IN THE HOME:**

Monthly Gross Income \$ \_\_\_\_\_/month

Child Support (please indicate if paid or received income) \$ \_\_\_\_\_/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 \$ \_\_\_\_\_/TERM  
(Portion not identified for educational purposes as tuition, books, or supplies)

Cal Fresh Case Number # \_\_\_\_\_

**EXCEPTIONAL NEEDS**

Do any of the following apply to your family?

\_\_\_\_ Child Welfare Services Case \_\_\_\_ Special Need or IFSP / IEP Other (specify): \_\_\_\_\_

\_\_\_\_ Homeless \_\_\_\_ Limited English or Non-English

**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.

X

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**CHECKLIST (You must include the following documents when you mail or fax your application)**

\_\_\_\_ **Address Verification** - utility bill in your name or rental agreement

\_\_\_\_ **Income Verification** - if employed, copies of **most recent 30 consecutive days** of pay stubs; if self-employed, Federal 1040 form plus Statement of Current Estimated Income. For all sources of income, bring **current** verification

\_\_\_\_ **Birth Records** - copies for **all** children under 18, residing in the home that you are financially responsible for

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San Luis Obispo County Office of Ed  
3350 Education Drive  
San Luis Obispo, CA 93405

Fax:  
805-903-1893

More information at:  
805-782-7275  
slococoe.org