



2018 - 2019 California State/First 5 Preschool Program

CALIFORNIA STATE/FIRST 5 offers a **FREE** parent and child education program to low and moderate-income families. This 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.

Attached is the California State Preschool Application

- **The enrollment process begins in May.**
- If you qualify for the program, you will be **contacted by phone** to schedule an Enrollment/Orientation Conference.
- If your application is not accepted, you will be **notified by mail.**

OUR CHILD EDUCATION PROGRAM INCLUDES:

- 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.
- 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

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

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.

Contact us for more INFORMATION: 805-782-7275 or visit: www.slocoe.org/preschools

2018 - 2019
California State /First 5 Preschool Program
Preliminary Application

Marque aquí si le gustaría recibir información adicional en español ☐

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

Atascadero -San Gabriel Elementary

San Miguel-Lillian Larsen Elementary

Paso Robles-First 5 Early Education Center

Marie Bauer-Marie Bauer Elementary

Nipomo-Nipomo High School

Oceano- Oceano Elementary School

Winifred Pifer-Winifred Pifer Elementary

Grover Beach-Grover Beach Elementary

RETURNING CA STATE/FIRST 5 PRESCHOOL FAMILY? Yes ☐ No ☐ Please provide any previously attended preschool: _____

Admittance to our program will be given in accordance with the following list of priorities:

- 1) *Recipients of CWS who meet the age requirements*
- 2) *Children enrolled in the program the previous year*
- 3) *4-year-olds and families with the lowest income ranking*
- 4) *Children that are 3-years old by September 1, 2018 and families with the lowest income ranking*

FAMILY INFORMATION

Household Size: _____

Is this a single-parent home? CIRCLE ONE: Yes No

SIBLINGS UNDER 18 LIVING IN THE HOME:

Must submit copies of birth records for all minor children

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

PRESCHOOL CHILD INFORMATION:

Full Legal Name (Must match official birth record): _____
First Middle Last

Date of Birth: _____ **Sex:** _____ **Language(s) spoken:** _____

Our program requires that your child be toilet trained. **Is this child potty-trained?** CIRCLE ONE: Yes No

PARENT/GUARDIAN INFORMATION:

Parent 1 (Complete Legal Name): _____ Date of Birth: _____
First Middle Last

Relationship to Child _____ Language Preference: _____

Contact Phone #: _____ Email Address: _____

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Parent 2 (Complete Legal Name): _____ Date of Birth: _____
First Middle Last

Relationship to Child _____ Language Preference: _____

Contact Phone #: _____ Email Address: _____

Physical Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Alternate Contact if family is not available:

Name: _____ **Phone No:** _____

Please complete other side



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.

Parent/Guardian 1 Current Employer _____ Work Phone _____

Employer Address _____
Street City Zip Code

Parent/Guardian 2 Current 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



Don't forget to submit the following documents with your application

____ **Address Verification** - Utility bill in your name or your rental agreement.

____ **Income Verification** - Must provide supporting documentation for all sources of income listed.

____ **Copies of Birth Records** - Required for **all** dependent children under the age of 18, residing in the home.

Fax Number: (805) 903-1893
Phone Number: (805) 782-7275

CA STATE / FIRST 5 PRECHOOL PROGRAM
San Luis Obispo County Office of Ed.
3350 Education Dr
San Luis Obispo, CA 93405

More information at:
slococ.org