

Please circle your preferred preschool site (Subject to change):

Atascadero -San Gabriel Elementary

Georgia Brown -First 5 Early Education Center

Grover Beach-Grover Beach Elementary

(Please specify AM or PM)

Marie Bauer-Flamson Middle

(Temporary Location)

Nipomo-Nipomo High School

Winifred Pifer-Winifred Pifer Elementary

(Please specify AM or PM)

San Miguel-Lillian Larsen Elementary

Oceano- Oceano Elementary

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, 2019 and families with the lowest income ranking*

Preschool Child

Full Legal Name: _____ Date of Birth: _____
(As written on Birth Record) First Middle Last

Child's Gender: _____ Primary Language Spoken: _____
 Is this child toilet trained? Yes No
(Our program requires that your child be toilet trained)

Has this child attended preschool in the past? Yes No If Yes, What School? _____

Address Where the Child Resides _____
Street City State Zip Code

Family Information

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: _____

Total Household Size: _____ *Is this a single-parent home?* Yes No

PARENT/GUARDIAN (P/G) INFORMATION:

(P/G)Full Name: _____
 Date of Birth: _____
 Primary Language : _____
 Contact Phone #: _____
 Email Address: _____
 Currently on active duty in the U.S. Military?
 Current member of a National Guard or Military Reserve?
Full Mailing Address (if different from child's above):

(P/G)Full Name: _____
 Date of Birth: _____
 Primary Language : _____
 Contact Phone #: _____
 Email Address: _____
 Currently on active duty in the U.S. Military?
 Current member of a National Guard or Military Reserve?
Full Mailing Address (if different from child's above):

Alternate Contact if family is not available:

Name: _____

Phone No: _____

Please complete other side



Current Family Income

IMPORTANT: 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. If not employed, please state **unemployed**.

Parent/Guardian 1

Current Employer: Employer Number : Employer Address:	_____ _____ _____ _____ _____
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Parent/Guardian 2

Current Employer: Employer Number : Employer Address:	_____ _____ _____ _____ _____
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INCOME AND BENEFITS FOR ADULTS IN THE HOME:

\$ _____/month	Monthly Gross Income	\$ _____/month
\$ _____/month	Child Support (please indicate if paid or received income)	\$ _____/month
\$ _____/month	Cash Aid Assistance	\$ _____/month
\$ _____/month	State/Private Disability Insurance	\$ _____/month
\$ _____/month	Unemployment	\$ _____/month
\$ _____/month	Foster Care or Adoption Assistance	\$ _____/month
\$ _____/month	Social Security Survivor Benefits or Income Assistance Benefits	\$ _____/month
\$ _____/month	Social Security Disability Benefits	\$ _____/month
\$ _____/TERM	Retirement Benefits	\$ _____/month
	Financial Aid: State or Federal Grants/Scholarships (Portion not identified for educational purposes as tuition, books, or supplies)	\$ _____/TERM

Cal Fresh Case Number

Exceptional Needs

Do any of the following apply to your family?

- Child Welfare Services Case
 Homeless
 Other (please specify): _____
 Special Need or IFSP / IEP
 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

Relationship to Child Date Date

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



2019-2020 California State/First 5 Preschool Program

The Early Learning Centers (ELC) offer a **FREE** parent and child education program to low and moderate-income families. The California State Department of Education and our Local First 5 Commission fund the Early Learning Center and the San Luis Obispo County Office of Education administers it.

One of the most important aspects of our program is parent education and involvement.

Full participation is necessary to ensure the required adult to child ratios for licensing and the educational goals for both the children and families in our program. Parents should expect to:

- 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 ELC

- **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.**

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

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.
- The program provides a nutritious breakfast or snack daily through the Child & Adult Care Food Program.

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



SAN LUIS OBISPO COUNTY
OFFICE OF EDUCATION
LEADERSHIP • COMMUNITY • SERVICE
JAMES J. BRESCIA, Ed. D., SUPERINTENDENT

