

Dear Parent/Guardian,

Thank you for your interest in the Head Start and State Preschool Programs. We provide full-day and part-day preschool services, free of charge or low cost, to eligible families who live in Santa Clara and San Benito Counties. We also offer home-based and center-based services for newborn children to 36 months. Please fill out the application completely and if you need help, you can call us at (408) 453-6900 or (800) 828-182, Monday through Friday from 8:00 am to 5:00 pm.

Please note that as part of the enrollment process, you will have an interview with a staff member.

DOCUMENTS YOU WILL NEED (Copies only. Originals will not be returned)

Income Verification— The documents need to show your income for the past 12 months. This parent or guardian income needs to be submitted. This includes, but is not limited to:

- Pay Stubs for the past 12 Months or pay stubs in combination with:
 - o Latest Income Tax Return (1040) or W-2
- Notice of Action (if receiving CalWORKs)
- Child Support
- Disability Income
- Completed "Employer Income Verification" (This is a form showing hours worked and pay rate if you do not have pay stubs)
- Birth Certificate(s) (for enrolling child and all siblings under 18)
- Immunization Record
- Proof of Address (Example: phone bill, water bill, etc.)
- Current IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan) (if applicable)
- Legal Documents/ Court Orders for Foster Child (If Applicable)

SCHEDULE YOUR INTERVIEW

When you have gathered your documents and completed the application, please call our office at (408) 453-6900 or (800) 828-182 to schedule your interview.

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PLEASE NOTE:

If your child is accepted into the program, you will be notified by email or phone. For more information, please call our office at (408) 453-6900 or (800) 828-182.

CPID# _____

ELS PRESCHOOL SERVICES APPLICATION

I would like to apply for AM Session (3 ½ hrs.) PM Session (3 ½ hrs.) Full*Day (9 hrs.) Single Session (6 hrs.) ~~Based~~ No Preference

*Note: Full day requires that both parents/guardians must be working full time more than 20 hours per week or in school full time taking 12+ units

Child (Applicant)

First Name		Last Name		Middle	Gender ... Male ...Female	Birth Date / /
Living Address				City/ Zip		Birth Country
Mailing Address (if different)				City/ Zip		
Is the child in foster care? ... Yes ...No	Ethnicity ... Hispanic/Latino ... NonHispanic Non-Latino	Race ... Asian ... White (European, Middle Eastern, North African) ... Black/African American		... Pacific Islander/Hawaiian ... American Indian/Alaskan ... More than one race (B-racial/Multi-racial) ... Other _____		

Family Information

Primary language spoken at home English Spanish Vietnamese Other _____

What language does your child use the most?

Family Residency

Family Living Situation (Check all that apply)

- | | |
|-------------------------------|--|
| ..Shelter | ..Rented Trailer, Motor Home on Private Property |
| ..Motel/Hotel | ..With another adult (Not the parent/legal guardian) |
| ..Transitional Housing | ..Another Family's House/Apartment |
| ..Single Room Occupancy (SRO) | ..None of the options apply |
| ..Car, Trailer, or Campsite | ..Other (Not designed for human beings) |
| ..Rented Garage | |