



Peralta Community College District

Children's Centers

Campus: ☐ Laney ☐ Merritt
Priority List

For office use only:

Rank: _____

Date: _____

Time: _____

CPS: _____

Family: _____

Income: _____

Student: _____

PCCD: _____

Single Parent: _____

Full Fee: _____

Rec'd by: _____

Children's Center Preference (Please rank 1st, 2nd): Laney: _____ Merritt: _____

Parent/Guardian #1

First name & Middle:	
Last name:	
Relationship to child :	Preferred Written Language:
Phone Number :	Email address:
Does parent/guardian live in home with child? :	Does parent/guardian provide financial support for child? :

Parent/Guardian#2

Check here if Parent/Guardian #1 is a single parent

First name & Middle Initial:	
Last Name:	
Relationship to child:	Preferred Written Language:
Phone Number:	Email address:
Does parent/guardian live in home with child?	Does parent/guardian provide financial support for child?

Household Information

Street Address:	
City, State, ZIP:	
My current address is: _____ Permanent _____ Temporary _____ Unstable _____ My family is homeless	
Family Size: This is the number of related adults and children living in household _____	

Child Applying for Preschool

First and Middle Name:	
Last Name:	
Your Child's Ethnicity/Race :	Date of Birth:
Does your child have any special needs? _____ No Special Needs _____ IEP _____ IFSP _____ Other	
If you chose other, please explain here:	
Is your child proficient in English? _____ Yes _____ No	What is the language most spoken at home by child? :

Other Children (under 18) Living in Home***If more than four children, please use a separate sheet of paper to list other children and their date of birth.**

First Name	Last Name	Middle Initial	Date of Birth

Monthly Income and Sources**Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household**

GROSS MONTHLY INCOME	Parent/Guardian #1	Parent/Guardian #2 N/A if Parent/Guardian #1 is a single parent
Employment Salary	\$	\$
Cash Aid (CalWORKs)	\$	\$
Child/Spousal support THAT YOU RECEIVE	\$	\$
Unemployment Benefits	\$	\$
Worker's Compensation	\$	\$
Disability	\$	\$
Other Income	\$	\$
Please describe other income here		
TOTAL GROSS INCOME	\$	\$

Community and Family Services**Please indicate if anyone in the house is currently receiving the following services**

Services	Parents P2 is N/A if P1 is a single parent		Minor Children	Other Anyone else in the home
	Parent 1	Parent 2		
CPS/Social Services Involvement				
Cal-Fresh				
Medi-Cal				
WIC				
Early Head Start or Head Start				
Foster Care or Informal Custody				

Acknowledgement

I attest and declare under penalty of perjury and the laws of the State of California that the information provided is true and correct. I understand that this is an **interest form** and by submitting this form does not guarantee me a place in the upcoming school year's program. I am aware that upon enrollment, I will be required to submit proof of the information provided above and if my situation has changed, it may affect my place on the priority/waiting list, as well as my potential enrollment.

I am aware that I can update my information at any time with _____.

Name of Parent/Caretaker: _____

Signature of Parent/Caretaker: _____

Date: _____

STAFF USE ONLY

Staff acknowledge receipt and review of application and that the child has been placed accordingly on a priority/waiting list. If applicable, any additional information and/or comments added below for clarity.

Staff name: _____ Staff signature: _____
Date: _____

Waiting List Application Updates (For Office Use Only)

Codes: (M) message (D) drop from list (R) remain on list (T) telephone communication (VIP) visiting the center in person (P) phone disconnected (U) Update information – please indicate on front that there is updated information

Date	Staff Signature	Comments / Codes

Additional Information:
