CALIFORNIA CHILDREN'S ACADEMY
EST 1971

California Children's Academy
Registration Form

Campus _____
Rank # _____

By completing this form, you allow the program staff to verify the information you provided on this form to make sure you are eligible before you are invited to enroll your child. All information is handled confidentially.

Enrolled at _____
Ⓣ on _____ For Ⓣ__

Application Date:	**How did you hear about us?**	☐ Walk-In ☐ Phone ☐ Non-intake

Parent/Guardian #1 Information

Last Name:	First Name:	
Street Address:	City:	Zip Code:

Home Phone: Other Phone:	Email Address:	Primary Language:
Emergency contact:	Home Phone:	Street Address:
Relationship to Child:	Other Phone:	City: Zip Code:
Name of Employer/School:	Work/School Phone:	Work/School Zip Code:

Indicate if your household is a ☐ Single parent family ☐ Two parent family

Parent/Guardian #2 Information *(Complete only if there is another parent/guardian residing in the same home.)*

Last Name:	First Name:	
Name of Employer/School:	Work/School Phone:	Work/School Zip Code:

Reason for Needing Child Care *(Check all that apply.)*

	Parent/Guardian #1	Parent/Guardian #2
Working	☐	☐
Attending School or Job Training	☐	☐
Medically Incapacitated/Disabled	☐	☐
Looking for Work	☐	☐
Homeless/Seeking Housing	☐	☐
Migrant Worker	☐	☐
Part-day Educational Preschool Experience for Child	☐	☐

Attempts to be reach

#1	Date	Notes:
#2	Date	Notes:
#3	Date	Notes:
#4	Date	Notes:

Appointment Dates & TIme

#1	Date & Time	Things to Bring:
#2	Date & Time	Things to Bring:
#3	Date & Time	Things to Bring:

CalWORKs Participation *(Cash Aid)*		
Are you currently receiving cash aid? ☐ Yes ☐ No	If **NO**, have you received cash aid within the last two years? ☐ Yes ☐ No	If **YES**, last date of cash aid payment: _____/_____/_____

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

	Parent/Guardian #1	Parent/Guardian #2
Work/Employment	$	$
Child Support	$	$
Spousal Support	$	$
State Disability	$	$
Unemployment Benefits	$	$
Sales/Work Commissions	$	$
Cash Aid (CalWORKs)	$	$
Worker's Compensation	$	$
Social Security	$	$
SSI/SSP	$	$
Other (Explain):	$	$

Children Living at Home *(All children under 18 who are members of the family. Attach an additional page, if needed.)*

First and Last Name	Gender	Date of Birth	Walking	Potty Trained	Check only if child care is needed. Full-Time	Part-Time
1.	M F		☐	☐	☐	☐
2.	M F		☐	☐	☐	☐
3.	M F		☐	☐	☐	☐

Foster Care Payments

Are you currently receiving foster care payments for any of the children listed above? Check which child and write the monthly amount.

☐ Child #1 $_____ ☐ Child #1 $_____ ☐ Child #1 $_____

Special Needs *(Check all that apply.)*

	Child #1	Child #2	Child #3
Child Protective Services	☐	☐	☐
Child has IFSP (Individual Family Service Plan) or (IEP Individual Education Plan)	☐	☐	☐
Child receives services through Regional Center or the local School District	☐	☐	☐
Social emotional/behavior	☐	☐	☐
Ongoing health problems	☐	☐	☐
Developmental Delays	☐	☐	☐
Speech/Communication	☐	☐	☐
Vision or Hearing	☐	☐	☐
Other *(Please Explain)*:	☐	☐	☐

Preferred Location or Program *(List below your preferred zip code location, if different from home or work. You may list the name of the program your prefer for your child.)*

Child #1	Zip Code:	Name of Campus:
Child #2	Zip Code:	Name of Campus:
Child #3	Zip Code:	Name of Campus:

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Employment Verification Form

CAMPUS:

SECTION A — Employee Information (To be completed by Employee)

California Children's Academy has permission to contact _____ (my employer) to verify information on this form.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date

SECTION B — Employer Information (To be completed by Employer)

In order to provide services to our clients, we must have verification of their employment. You will facilitate this process by answering the following questions regarding the employee listed above.

Employment Record: Start date of current position: _____

If the employee is returning from a leave, what is the date of return? _____

If the employee is temporary, what are the start and end dates of employment? _____ (Start date) _____ (End date)

Employee's current position: Employee's work phone number: Ext:

Employment Schedule:

Does employee have a regular work schedule (approximately the same days and/or hours each week)? ☐ Yes ☐ No

(If yes, complete Set Schedule; if no, complete Variable Schedule. Please complete one schedule type only.)

For Set Schedule: Please specify the work schedule each day: (Example: M 11 am – 7 pm)

M	T	W	Th	F	S	Su

Total number of paid hours per week: _____

For Variable Schedule: If the employee's work schedule will vary, please answer the following based on what the employee could work: Circle the possible work days: Su M T W Th F S

- earliest time work begins _____
- latest time work ends _____
- minimum number of hours per day _____
- maximum number of hours per day _____
- minimum number of days per week _____
- maximum number of days per week _____

Payment: Rate of pay: $ _____ per _____ ☐CASH or ☐ CHECK

Pay period: ☐ weekly ☐ every two weeks ☐ twice a month ☐ monthly

Is it possible that employee could receive any of the following kinds of pay?

☐ shift differentials ☐ bonuses ☐ tips ☐ commissions ☐ overtime

I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge.

Name of person completing form (print)	Company Name / Organization
Title	Company Address
Signature of person completing form	City, State, Zip Code
Date	Phone Number

Note: The information that you provide on this form is confidential and will be used only to establish the eligibility of the applicant for child care services through California Children's Academy provided by the California Department of Education.

Business Card/Stamp

SECTION C — Agency Verification

(For Office Use Only)

Date Verified	Days/Hours/Salary/Pay Periods/N.O.E/Business Hrs	Verified with/Title	Staff Signature/Title

State Department of Education
Early Education and Support Division
CD-9607 (Rev 09/05)

To be completed by parent or guardian and updated at recertification and as changes occurs.

Emergency and Identification Information

I. Family Information

Child's name (Last, First, Middle): _____ Birth Date: _____

Mother's name: _____ Cell: _____

Father's name: _____ Cell: _____

Child's Address: _____ Home Phone: _____

City, State, Zip Code: _____ Email: _____

Mother's business address: _____ Phone: _____

Father's business address: _____ Phone: _____

II. Names of Persons Authorized to Take Child from the Facility (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name	Address	Telephone	Relationship

III. Additional Persons Who May Be Called in an Emergency to Take Child from the Facility

Name	Address	Telephone	Relationship

IV. Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

V. Medi-Cal Number _____ **Medical Insurance** _____

Insurance Number _____

VI. Allergies or Other Medical Limitations _____

VII. Permission for Medical Treatment Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____ Date _____
Parent or Guardian