



## California Children's Academy Registration Form

Family Noho # \_\_\_\_\_

Campus \_\_\_\_\_

Rank # \_\_\_\_\_

CPS  EXP  DLL  NONE

Was Enrolled at \_\_\_\_\_

T on \_\_\_\_\_ For T \_\_\_\_\_

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.

<b>Application Date:</b>		<b>How did you hear about us?</b>		<input type="checkbox"/> Walk-In <input type="checkbox"/> Phone <input type="checkbox"/> Non-intake	
<b>Parent/Guardian #1 Information</b>					
Last Name:			First Name:		
Street Address:			City:		Zip Code:
Phone Number:		Email Address:		Primary Language:	
Other Phone Number:					
Emergency contact:		Relationship to Child:		Other Phone:	
<b>Reason for Needing Child Care:</b> (Check all that apply)					
<input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless/Seeking Housing <input type="checkbox"/> Migrant Worker <input type="checkbox"/> No Need (CSPP Only)					
Indicate if your household is a <input type="checkbox"/> Single parent family <input type="checkbox"/> Two parent family					
<b>Parent/Guardian #2 Information</b> <i>(Complete only if there is another parent/guardian residing in the same home.)</i>					
Last Name:			First Name:		
Phone Number:		Email Address: :		Primary Language:	
<b>Reason for Needing Child Care</b> <i>(Check all that apply.)</i>					
<b>Reason for Needing Child Care:</b> (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Vocational Training <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless/Seeking Housing <input type="checkbox"/> Migrant Worker <input type="checkbox"/> No Need (CSPP Only)					

Attempts to be reach		
#1	Date	Notes:
#2	Date	Notes:
#3	Date	Notes:
#4	Date	Notes:
#5	Date	Notes:
#6	Date	Notes:
Appointment Dates & Time		
#1	Date & Time	Things to Bring:
#2	Date & Time	Things to Bring:
#3	Date & Time	Things to Bring:
#4	Date & Time	Things to Bring:

**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):	\$	\$
<b>Gross Monthly Income Combined: \$</b>		

**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	DLL	Check only if child care is needed.	
						Full-Time	Part-Time
1.	M F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	M F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	M F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	M F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	M F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	M F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 #2 \$ \_\_\_\_\_ |  Child #3 \$ \_\_\_\_\_

**Special Needs** (Check all that apply.)

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

**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 you 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: