



Pajaro Valley Unified School District
Child Development Department
 294 Green Valley Rd, Suite 320, Watsonville, CA 95076
 Phone (831) 786-8270 Fax (831) 728-2071



EARLY CHILDHOOD EDUCATION PROGRAM WAIT LIST APPLICATION

PARENT/GUARDIAN INFORMATION

Name: _____ DOB: _____ Gender: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Monthly Gross Income: \$ _____
 (Employment wages, self-employment, unemployment, SSI/SSP, cash aid, child support, disability, foster care, W-2 annual income for previous year etc. – List all that apply)

Employer: _____

Days & Hours of Employment: *mark all days that apply and write in hours of work.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Name of College: _____

Of Units Enrolled: _____

Are you seeking employment? No Yes Are you currently incapacitated? No Yes

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Name of College: _____

Of Units Enrolled: _____

Are you seeking employment? No Yes Are you currently incapacitated? No Yes

FAMILY INFORMATION

Family Status:Single Parent/Guardian? NO YES If you answered no, are you a two parent/guardian household? NO YES Do one of these apply to your current family status? **Homeless, living with other family, Staying in a shelter, or In Transition?** NO YES Were you referred by Child Protective Services? NO YES **Family's Primary Language:** English Spanish Mixteco Other: _____

CHILDREN'S INFORMATION

List all the children in the family under 18 years of age.

Name: _____ DOB: _____ Gender: _____

NO YES

Does your child have an IEP (Individualized Education Plan or an IFSP (Individualized Family Service Plan)?

Name: _____ DOB: _____ Gender: _____

NO YES

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Name: _____ DOB: _____ Gender: _____

NO YES

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Name: _____ DOB: _____ Gender: _____

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Name: _____ DOB: _____ Gender: _____

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Name: _____ DOB: _____ Gender: _____

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Does your child have an IEP (Individualized Education Plan or an IFSP (Individualized Family Service Plan)?

SITE PREFERENCE

Please check the program(s) you are interested in applying for services. Extended Learning & Care (TK/K only) Site: _____ Buena Vista Children's Center (seasonal) Full Day Freedom Children's Center Family Child Care Homes State Preschool (3-hour program) Site: _____ AM/PM Full Day Watsonville Children's Center IDC (Teen Parent program)

DISCLAIMER & GUARDIAN SIGNATURE

I certify that my answers are true and complete to the best of my knowledge as of the date submitted. I understand that supplying false or incomplete information will result in my name being removed from the waiting list. I understand that to remain active on the Kinder Wait list, I must keep my information current. I understand that if I am contacted for enrolment and my family size or income has changed, I may not be eligible at the time. We may use school messenger or email to communicate with you.

Signature: _____ Date: _____

Applications may be submitted via fax: 831-728-2071 or in person to our office at 294 Green Valley Rd., Watsonville, CA 95076.

FOR OFFICE USE ONLY

Comments:	
Rank #:	Initials of Agency Representative: _____ Date of Entry: _____