

Coastside Children's Programs

Subsidized Waitlist



PARENT/GUARDIAN A

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____ Apartment Number: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____ Work Phone: _____

Which CCP program do you want your child to attend? (Circle) HMB El Granada Montara HMB-Preschool Montara-Preschool

Number of Adult in the home related to children by blood, marriage, or adoption: _____ **Number of children under 18:** _____

Relationship to Child: _____ Marital Status: _____

Written Language: English Spanish Spoken Language: _____ Email: _____

CalWORKS/cashaid recipient within the last 2 years: Yes No If applicable, Termination Date from CalWORKS: _____

Foster Parents & Legal Guardians who are not parents – please provide the total Cash Aid, child support, or any other amount the child(ren) receive each month only; do not include your personal income.

Income Before Taxes and Deductions (At the time of enrollment in a program you will need to document your income.)

Income from Working: \$ _____ How often do you get this amount? _____ Hours per week (if hourly): _____

Please write in monthly amounts for the following types of income in the space below:

Disability or Unemployment: \$ _____ Child Support: \$ _____ Survivor or Retirement Benefits: \$ _____

Cash Aid (CalWORKS or TANF): \$ _____ Spousal Support: \$ _____ Workers Comp: \$ _____

Other or No Income (please declare amount or describe): _____

Reason for Needing Care (Please select one)

Working ZIP Code of place of Employment: _____ Actively Seeking Employment Incapacitated

In Vocational Training, please list name of program: _____ Training Program Zip Code: _____

Part-day developmental preschool Seeking Permanent Housing, please list name of shelter: _____

PARENT/GUARDIAN B

First Name: _____ Last Name: _____ Date of Birth: _____

Home Phone: _____ Alternate Phone: _____ Work Phone: _____

Relationship to Child: _____ Marital Status: _____

Written Language: English Spanish Spoken Language: _____ Email: _____

CalWORKS/cashaid recipient within the last 2 years: Yes No If applicable, Termination Date from CalWORKS: _____

Income Before Taxes and Deductions (At the time of enrollment in a program you will need to document your income.)

Income from Working: \$ _____ How often do you get this amount? _____ Hours per week (if hourly): _____

Please write in monthly amounts for the following types of income in the space below:

Disability or Unemployment: \$ _____ Child Support: \$ _____ Survivor or Retirement Benefits: \$ _____

Cash Aid (CalWORKS or TANF): \$ _____ Spousal Support: \$ _____ Workers Comp: \$ _____

Other or No Income (please declare amount or describe): _____

Reason for Needing Care (Please select one)

- Working ZIP Code of place of Employment: _____ Actively Seeking Employment Incapacitated
 In School or Training, please list name of school/program: _____ School/Program Zip Code: _____
 Part-day developmental preschool Seeking Permanent Housing, please list name of shelter: _____

CHILD INFORMATION – Please complete for each child under 12 years of age in your home who needs care.

Child 1 First Name: _____ Last Name: _____ Date of Birth: _____

Is s/he a Foster Child: Yes No Does s/he have an IEP or IFSP? Yes No

Is this child currently in a subsidized child care program? Yes No Please list name of program: _____

Does the child have siblings enrolled in subsidized care program? Yes No Please list name of program: _____

Does the child have a CPS or “At Risk” Referral (Must attach supporting documentation)? Yes No

What type of schedule? (Check all that apply): Part-Time Full-Time Days Needed (circle): M T W Th F Hours: _____

Child 2 First Name: _____ Last Name: _____ Date of Birth: _____

Is s/he a Foster Child: Yes No Does s/he have an IEP or IFSP? Yes No

Is this child currently in a subsidized child care program? Yes No Please list name of program: _____

Does the child have siblings enrolled in subsidized care program? Yes No Please list name of program: _____

Does the child have a CPS or “At Risk” Referral (Must attach supporting documentation)? Yes No

What type of schedule? (Check all that apply): Part-Time Full-Time Days Needed (circle): M T W Th F Hours: _____

Child 3 First Name: _____ Last Name: _____ Date of Birth: _____

Is s/he a Foster Child: Yes No Does s/he have an IEP or IFSP? Yes No

Is this child currently in a subsidized child care program? Yes No Please list name of program: _____

Does the child have siblings enrolled in subsidized care program? Yes No Please list name of program: _____

Does the child have a CPS or “At Risk” Referral (Must attach supporting documentation)? Yes No

What type of schedule? (Check all that apply): Part-Time Full-Time Days Needed (circle): M T W Th F Hours: _____

Child 4 First Name: _____ Last Name: _____ Date of Birth: _____

Is s/he a Foster Child: Yes No Does s/he have an IEP or IFSP? Yes No

Is this child currently in a subsidized child care program? Yes No Please list name of program: _____

Does the child have siblings enrolled in subsidized care program? Yes No Please list name of program: _____

Does the child have a CPS or “At Risk” Referral (Must attach supporting documentation)? Yes No

What type of schedule? (Check all that apply): Part-Time Full-Time Days Needed (circle): M T W Th F Hours: _____

Names of other children in the household under 18 not needing care:

Parent/Guardian Signature

Date