



Services We Provide to Help Families and Children

- Full day therapeutic child development/childcare program for children ages 2 – 5 years of age.
- Parent education and support program
- Family counseling and advocacy
- Play Therapy for children
- Classroom Intervention Therapy for children
- Family activities and events
- Child nutrition program
- Collaborative partnership with school services and other social services and health service providers
- Parent support with school transitions/events
- Assistance to families to access needed community services

Our Children's Program

- Provides a developmental program based on the child's individual needs and strengths
- Includes a treatment program for each child
- Offers a home-like family environment
- Uses a positive approach to encourage appropriate behavior
- Helps the child develop respect for self and others
- Builds the child's problem-solving and social skills
- Assists the child to develop self-control and responsibility
- Encourages a positive attitude about learning
- Helps the child learn to constructively release and express emotions
- Enhances the child's self-esteem
- Helps support learning foundations and school readiness skills

Our Staff Values

Teamwork: We work together as a team knowing that communication and trust are essential

Dedication: We are dedicated to helping children and families and approach our work with humor and a positive attitude.

Professionalism: We are knowledgeable, experienced, and to strive to improve skills through education and training.



All information is confidential.

All parts must be filled out completely to determine your eligibility for placement on the eligibility list. Any incomplete applications will be returned.

Documentation of this information, including income, will be required prior to enrollment.

PART 1: PARENT/GUARDIAN INFORMATION

PARENT or GUARDIAN - A

First Name: _____
Middle Name or Initial: _____
Last Name: _____
Date of Birth: ____/____/____
Preferred Language: _____
Relationship to child(ren): _____
Home Ph: (____) _____ - _____ Cell Ph: (____) _____ - _____
Home Address: _____ Apt. _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Email Address: _____
Marital Status: ___Single ___Married ___Divorced ___Separated ___Widowed

PARENT or GUARDIAN - B (Complete ONLY if they reside in the home)

First Name: _____
Middle Name or Initial: _____
Last Name: _____
Date of Birth: ____/____/____
Preferred Language: _____
Relationship to child(ren): _____
Home Ph: (____) _____ - _____ Cell Ph: (____) _____ - _____
Home Address: _____ Apt. _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Email Address: _____
Marital Status: ___Single ___Married ___Divorced ___Separated ___Widowed

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PART 2: NEED FOR CHILD CARE

SECTION B: Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/guardian listed on the previous page.

Parent or Guardian	Reason For Needing Service	Parent or Guardian	Reason for Needing Service
	Child referred "At Risk" (must provide referral)		Actively seeking employment.
	Parent or Guardian incapacitated because of medical or psychiatric special needs.		Seeking permanent housing.
	Working. Complete Section C		Education or Training. Complete Section C

SECTION C: Employment, Training, and Student Information. Must be completed for each Parent or Guardian listed above if they are currently working, attending school or training for employment.

Parent or Guardian	Employer or School	Street Address					City	Zip
A								
A								
Days of working or training, school hours. From:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:								
Parent or Guardian	Employer or School	Street Address					City	Zip
B								
B								
Days of working or training, school hours. From:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:								

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PART 3: FAMILY INCOME INFORMATION

From Part 1 on the first page of this application, please write "A" for parent/guardian #1 and "B" for parent/guardian #2

If working, please complete:

Parent A: Hourly Wage is \$_____._____ and Number of hours worked each week are _____

Parent B: Hourly Wage is \$_____._____ and Number of hours worked each week are _____

From Part 1 on the first page of this application, please write "A" for parent/guardian #1 and "B" for parent/guardian #2 and the GROSS AMOUNT next to all that apply.

- _____ Child Support \$ _____ /month
- _____ Cash Aid Assistance \$ _____ /month
- _____ Foster Care or Adoption Assistance \$ _____ /month
- _____ State/Private Disability Insurance \$ _____ /month
- _____ Unemployment \$ _____ /month
- _____ Social Security Survivor Benefits or Income Assistance Benefits \$ _____ /month
- _____ Social Security Disability Benefits \$ _____ /month
- _____ Retirement Benefits \$ _____ /month
- _____ Financial Aid: State or Federal Grants/Scholarships \$ _____ /per TERM
- _____ Other (explain) \$ _____ /month

PART 4: FAMILY SIZE INFORMATION

Number of children, in your home & under age 18, that you are financially responsible for? _____

<u>Child's First & Last Name</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Name of School</u>	<u>Grade</u>	<u>Has an IEP Or IFSP?</u>	<u>Limited English Proficiency?</u>	<u>Needs Child Care?</u>

Other adults living in your home: NAME _____ Relationship to Child _____

NAME _____ Relationship to Child _____

Are you currently using & paying for child care? _____ Provider's Name: _____

Are you currently enrolled with an agency that pays for your child care or offers free child care? _____

Agency/Program Name: _____

Name of child/children enrolled _____

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HAVE YOU COMPLETED ALL THE REQUESTED INFORMATION IN PARTS 1 THROUGH 4?

I swear under penalty of perjury that the above information is true and correct.

This application is only for placement on a waiting list, and does not guarantee enrollment into a subsidized child care program.

In order to REMAIN ACTIVE on the waiting list, I understand that I must:

(1) Notify the SLOCDC of any changes to the information listed here (name, address, telephone, gross monthly income,

family size, or need), and

(2) Respond to any SLOCDC update requests

I hereby authorize the release and sharing of any and all information on this application among the participating agencies of the San Luis Obispo Child Development Center (SLOCDC) for the purpose of eligibility determination, waiting list maintenance and updating, consideration for enrollment into subsidized child care, or program reporting requirements.

This information will be treated as confidential by all participating agencies.

Parent/Guardian Signature

Date