

PASADENA UNIFIED SCHOOL DISTRICT

Early Education Programs

Burbank Early Education Center • 2046 N. Allen Avenue Altadena, CA 91001 • (626) 396-5762 • FAX (626) 798-7738 • earlychildeducation@pusd.us
 The Early Education Program maintains a current waiting list in accordance with admission priorities. All information on this application is kept in the strictest confidence guaranteed by the Education Code Section 8208(ai) and (aj), are children who are three- or four-years-old on or before September 1 of the fiscal year in which they are served. As defined in EC Section 8208(l), children with exceptional needs are children who have an individualized family service plan (IFSP) or an individualized education program (IEP), receive early intervention and related services or appropriate special education, and require the special attention of adults in a child care setting. Contractors must determine eligibility for enrollment as described in EC Section 8235(b). Additionally, contractors must enroll age-eligible children in admission priority order as specified in EC sections 8236 and 8263(b):

WAITING LIST APPLICATION

NOTE: Incomplete or Illegible Applications WILL BE RETURNED which may delay processing.

 Parent/Guardian Name (Primary) Home Phone Work Phone

 Address City Zip Code

M T W Th F Sa Su

 Employer (Company Name) Address Daily Work Hours (e.g., 8a.m. - 5p.m.) Circle Work Days

 Spouse's Name (Husband/Wife) Home Phone Work Phone

M T W Th F Sa Su

 Employer (Company Name) Address Daily Work Hours (e.g., 8a.m. - 5p.m.) Circle Work Days

Please list all children supported by you and living in your household:

 [] / /
 Name of Child Age Birthdate Relationship Grade Name of School

 [] / /
 Name of Child Age Birthdate Relationship Grade Name of School

 [] / /
 Name of Child Age Birthdate Relationship Grade Name of School

 [] / /
 Name of Child Age Birthdate Relationship Grade Name of School

Are you applying for Part time preschool or Full Day Preschool? _____

For Full Day preschool please give reason(s) why Full Day Child Care is needed — (Check those that apply)

- Employed
- Parent incapacitated with medical or psychiatric need
- Education/Training
- Child referred as "at risk" of abuse or neglect
- Job seeking
- Homeless

Language(s) spoken in the home: English Spanish Armenian Other(s) _____

Does the enrolling child currently have an IEP/ IFSP? Yes No

If yes please explain the reason _____

Please indicate School Of Choice:

1. _____
2. _____
3. _____

FAMILY INCOME

What are your sources of income? (Please check all that apply):

- | | | | |
|--------------------------------------|----------|--------------------------------------|----------|
| 1. Applicant's Monthly Earnings | \$ _____ | 7. Spouse's Monthly Earnings | \$ _____ |
| 2. Unemployment Insurance | \$ _____ | 8. Disability/ Workers' Compensation | \$ _____ |
| 3. Pensions/ Annuities | \$ _____ | 9. Tips/ Commissions | \$ _____ |
| 4. Welfare (AFDC) | \$ _____ | 10. SSI/ SSP | \$ _____ |
| 5. Family Member in the home on AFDC | \$ _____ | 11. Child Support/ Alimony | \$ _____ |
| 6. Social Security | \$ _____ | 12. Other (Please explain) | \$ _____ |
| 7. Self- Employment | \$ _____ | | |

Explain Here _____

Total Family Monthly Income \$ _____

Do you pay court ordered child support for any child(ren) not living with you? Yes No

If yes, how much per month? \$ _____

CERTIFICATION

I declare that, to the best of my knowledge and belief, the above information is true and correct. I agree to notify the agency immediately if there should be any changes to the information contained in this form. I understand that the information I have provided is confidential and will be used only to determine my eligibility for child development services and establish my priority on the waiting list. I further understand that all of the information I have provided will be verified before I may be approved for services.

Signature of Applicant _____ Date _____ Relationship to Child(ren) _____

FOR OFFICE USE ONLY

Is this an initial Application? Yes No Approved Changed Denied (Ineligible)
If No, what is the date of the Initial Application? ____/____/____ Referral list sent (Ineligible) Date: ____/____/____
Average countable Monthly Family Income: \$ _____ Number in Basic Family Unit: _____
 Subsidized Full Fee Special Need Referral LEP/NEP
 Full Time Part Time Protective Services

Sibling enrolled at _____ Center

School of residence: _____ Posted on Waiting List

Reviewed by: _____ Date: _____