

Waitlist Interest Form

Part-day State Preschool

**Mt. San Jacinto College
Child Development and Education Center
1499 N. State St.
San Jacinto CA 92585
(951) 487-3605**

For Office Use Only
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Received on _____
By _____ Rank _____

Date: _____

Name of Parent(s)/Guardians(s) in the home:

Mother's Last Name	First Name	Father's Last Name	First Name
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Mailing Address: _____

Street	Apt #	City	Zip
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Home Telephone	Work Telephone	Cell Telephone
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Child/ren to be enrolled:

	First/Last Name	Male/Female	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____

Other children in the home:

	Name	Male/Female	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Total number of persons in basic family unit (related by blood, marriage or adoption): _____

Is your family's home language a language other than English? Yes No

Schedule Preferred: 8:30-11:30 a.m. 1:00-4:00 p.m.

Classes meet Monday through Friday. Children must attend all 5 days per week.

(Not all schedule preference requests can be honored)

Financial Needs Assessment

In order to help us determine eligibility for financial assistance, please provide the following information:

Estimated gross **monthly** income* from **ALL SOURCES** including salary, child support, alimony, cash aid, unemployment, student aid, disability, social security, etc.: \$ _____

***Gross income is earnings before anything is taken out - taxes, insurance, etc.**

Do you pay **COURT ORDERED CHILD SUPPORT** for any child/ren not living with you?

Yes No If yes, amount \$ _____
(Outgoing child support must be documented)

To enable the Child Development and Education Center to address the physical, cognitive, emotional and social needs of your child/ren, please respond to the following statement as completely as possible:

Does your child/ren have specific physical, cognitive, emotional and /or social needs? Yes No

If yes, please identify each child and describe his/her specific needs/s: _____

Has the need/s of your child/ren been professionally diagnosed? Yes No

If yes, please identify the resources that are currently helping to meet the need/s of your child/ren:

Additional comments or special concerns: _____

To the best of my knowledge, I have responded completely and accurately to the above statements.

Parent/Guardian Signature

Date

Please contact the center immediately if there are changes in your address, telephone, income, etc.