Child Development Programs Jumpstart State Preschool Eligibility List Questionnaire - Page 1

Completion of this application does not guarantee your child's enrollment. We will enter the information on this questionnaire onto an "eligibility list". Admission into this program is based on state income guidelines and age priorities.

 □ AM (8:15 - 11:15) □ ATLAS (Saticoy) □ E.P. Foster □ Montalvo (AM class tw □ Pacific High (full inclu □ Portola □ Sheridan Way □ Will Rogers (AM class 	vo way immersion) sion program) two way immersion)		
NOTE: Incomplete Quest	ionnaires CANNOT BE PI	ROCESSED and W	/ILL BE RETURNED.
	Family Inform	<u>ation</u>	
Parent A: Name (parent-g	uardian-foster parent)		
Parent B: (only if spouse i	s residing at home)		
Child's Name		Child's Date of B	irth Today's Date
Address		City	State Zip
Home Phone	Work Phone (paren	wt A) Wo	ork Phone (parent B)

Eligibility List Questionnaire - Page 2

What are the sources of income? Check those that apply.

The	following	applies to	parent or	guardian A	A
			P	8	_

Please list your average monthly gross income (before deductions)

1.	Family earnings (gross)	\$
2.	Unemployment insurance	\$
3.	Pensions/Annuities	\$
4.	Family member in home on AFDC	\$
5.	Social security	\$
6.	Disability	\$
7.	Tips/commissions/self-employment	\$
8.	Child support/alimony	\$
9.	Other (explain)	\$
10.	TANF	\$

The following applies to parent or guardian B

Please list your average monthly gross income (before deductions)

1.	Family earnings (gross)	\$
2.	Unemployment insurance	\$
3.	Pensions/Annuities	\$
4.	Family member in home on AFDC	\$
5.	Social security	\$
6.	Disability	\$
7.	Tips/commissions/self-employment	\$
8.	Child support/alimony	\$
9.	Other (explain)	\$
10.	TANF	\$

Total Family Income (Parents A and B) \$
Do you pay court ordered child support for any child(ren) not living with you?
□ Yes □ No
If yes, how much per month? \$

* For Jumpstart Staff:	Eligibility/Rank #:	School Year:
Waiting List:	Date Enrolled: □ AM □ PM	
Family Size:	Income:	

Eligibility List Questionnaire - Page 3

Please list all dependents and/or children supported by you AND living in your household.

Name (First and Last)	Birthdate	Relationship
Name (First and Last)	Birthdate	Relationship
Name (First and Last)	Birthdate	Relationship
Name (First and Last)	Birthdate	Relationship
Name (First and Last)	Birthdate	Relationship
Please check the	ose that apply to your child/chi	ildren.
1Exceptional needs. This applies to special education and related services Program (IEP) and are receiving spect Name of child(ren) receiving services.	s. These children have an active is a click is:	Individualized Education
2Severely handicapped. Children Name of child(ren): Explanation:		
3Child protective services. Childred department or emergency shelter because if yes, specify name of agency:	ause children are at risk of abuse	e or neglect.
Name of child(ren) receiving services		
Please attach referral letter from licer Please list language(s) spoken by you	•	
I declare that, to the best of my know I agree to notify the agency immediat contained in this form. I understand the used to determine my eligibility for the waiting list. I further understand the before I may be approved for services	tely if there should be any chang that the information I have provide or child development services and that all of the information I have	es to the information ded is confidential and will d establish my priority on
Signature of Applicant	Date R	Relationship to Child(ren)

Ventura Unified School District Child Development Programs



Jumpstart State Preschool
"Building Young Lives with Their Futures in Mind"

Dear Families,

Thank you for inquiring about the Ventura Unified School District Jumpstart Preschool Program. The district currently operates the following preschool programs: ATLAS (Saticoy) Elementary, E.P. Foster Elementary, Montalvo Elementary, Portola Elementary, Sheridan Way Elementary, Will Rogers Elementary, and Pacific High. The Jumpstart State Preschool Program is funded by the State of California. To qualify for any of the preschool locations your child must be **age eligible** and the **family must meet the income guidelines set by the state.**

Please return this completed Eligibility Questionnaire along with copies of the following documents to your preferred Jumpstart location as soon as possible:

- Picture ID of parent/guardian
- One (1) proof of residency (utility bill, bank or credit card statement, etc.) If divorced or separated, provide proof of residency for each parent
- **Proof of family members living in the home** (birth certificate, school record, baptism, passport, or medical record)
- Two (2) copies of your child's birth certificate
- Child's current vaccine record (meets CA child care entry requirements)
- Child's current physical exam, within the last 12 months (stamped from doctor's office and signed by the provider)
- **Proof of current income totaling one month** (paycheck stubs, TANF, unemployment, disability, pensions, etc.) Name, address, and phone number of employer for each parent/s in the household
- Exceptional needs (please bring any additional paperwork, e.g. IEP, 504, etc.)

The status of volunteering will be based on the requirements of Community Care Licensing (if you are interested in volunteering, please contact the school directly)

PHYSICIAN'S REPORT—CHILD CARE CENTERS

	A - PARENT'	S CONSENT (1	O BE COMPLET	ED BY PARE	<u> </u>	M	
(NAME OF CHILD)	, bo	m	RTH DATE)	is bein	g studled	for readine	ss to er
VUSD Jumpsta rt State P restace I	-	,			sebleb oven	ndo form	
CHANGE OF CHILD CARE CENTERSCHOOL	· "	nls Child Care Cen	W/School provid	esa program v	MICH BUB	nes nem	·-
a.m./p.m. to a.m./p.m. ,5	days a week	i.					
Please provide a report on above-name eport to the above-named Child Care (form below. I here	eby authorize rele	lase of medic	al informat	d on contain	ed in thi
	(SGNATURE O	P PARENT, GUARDIAM, O	CHILD'S AUTHORIZED	REPRESENTATIVE)		(TOE)	A.S. DALE)
PART B	<u> PHYSICIAN</u>	'S REPORT (TO	BE COMPLETE	D BY PHYSK	CIAN)		
roblems of which you should be aware:							
entig:			Allergies: medicine:				
SION:			nsect Rings:				
Запапропал			God:				
enguziga/Speech:			lettima:				
aufen:							
ther (Include behavioral concerns):							
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