

**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) PM (12 - 3)
- ATLAS (Saticoy)
- E.P. Foster
- Montalvo (AM class two way immersion)
- Pacific High (full inclusion program)
- Portola
- Sheridan Way
- Will Rogers (AM class two way immersion)

NOTE: Incomplete Questionnaires CANNOT BE PROCESSED and WILL BE RETURNED.

Family Information

Parent A: Name (parent-guardian-foster parent)

Parent B: (only if spouse is residing at home)

Child's Name

Child's Date of Birth

Today's Date

Address

City

State

Zip

Home Phone

Work Phone (parent A)

Work 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**

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: <input type="checkbox"/> AM <input type="checkbox"/> 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 those that apply to your child/children.

1. __ Exceptional needs. This applies to children who have been determined to be eligible for special education and related services. These children have an active Individualized Education Program (IEP) and are receiving special education services.

Name of child(ren) receiving services: _____

2. __ Severely handicapped. Children with physical/emotional disorders.

Name of child(ren): _____

Explanation: _____

3. __ Child protective services. Children receiving any support service from any county department or emergency shelter because children are at risk of abuse or neglect.

If yes, specify name of agency: _____

Name of child(ren) receiving services: _____

Please attach referral letter from licensed agency.

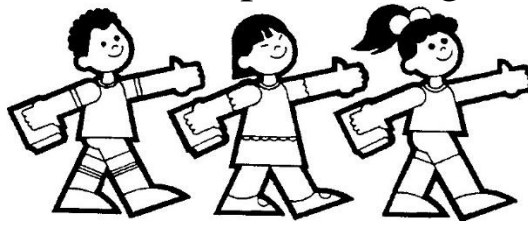
Please list language(s) spoken by your child(ren) in the home: _____

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 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)
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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
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

VUSD Jumpstart State Preschool. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Reactions: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Urgent: _____

Other (include behavioral) concerns: _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTP/DTaP/DTd (DIPHTHERIA, TETANUS AND ACCELULAR PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
MMR II (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- _____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner