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831.393.2246 (O) ♦ 831.393-2247 (F) ♦ 1450 Elm Avenue, Seaside, CA 93955

**APPLICATION FOR SERVICES**

This application must be COMPLETELY filled out (with requested documents) in order to be accepted and recorded on the waiting list.

**Parent or Guardian A**

First Name	Last Name	Home Phone	Work Phone	Alt/Cell Phone	
Street Address		Zip	Birthdate	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender <input type="checkbox"/> M <input type="checkbox"/> F

**Parent or Guardian B**

First Name	Last Name	Home Phone	Work Phone	Alt/Cell Phone	
Street Address		Zip	Birthdate	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender <input type="checkbox"/> M <input type="checkbox"/> F

**List all Children Living in the Home**

Last Name	First & Middle Name	Date of Birth (MM/DD/YYYY)	Need Childcare
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Payment Method**

1 **Private**    2 **Alternative Payment Program**    **MAOF**    3 **AFDC Assisted Case #:**

**If you are requesting subsidized services, you must complete the back of this form.**

4 **Subsidized Services**

**Please indicate which centers interest you**

<input type="checkbox"/>	Alisal Campus Early Education Center 1752 E. Alisal Street Salinas, CA 93905	<input type="checkbox"/> Infant (6 weeks-24months) <input type="checkbox"/> Preschool (24months to entry Kindergarten)	<input type="checkbox"/>	Avondale Early Education Center 1450 Elm Avenue Seaside, CA 93955	<input type="checkbox"/> Infant (6 weeks-18months) <input type="checkbox"/> Toddler (18months-potty taught) <input type="checkbox"/> Preschool (Potty taught to entry Kindergarten)
<input type="checkbox"/>	Crescita Early Education Center 1494 Schilling Place Salinas, Ca 93901	<input type="checkbox"/> Infant (6 weeks-18months) <input type="checkbox"/> Toddler (18months-potty taught) <input type="checkbox"/> Preschool (Potty taught to entry Kindergarten)	<input type="checkbox"/>	CSUMB Child Development Center 100 Campus Drive, Building 91 Seaside, CA 93955	<input type="checkbox"/> Toddler (12months--potty taught) <input type="checkbox"/> Preschool (Potty taught to entry Kindergarten)
<input type="checkbox"/>	Highlands Early Education Center 1650 Sonoma Avenue Seaside, CA 93955	<input type="checkbox"/> Preschool (30months to entry Kindergarten)	<input type="checkbox"/>	Peninsula Early Education Center 780 Elm Avenue Seaside, CA 93955	<input type="checkbox"/> Infant (6 weeks-18months) <input type="checkbox"/> Toddler (18months-36months)

**Requested Schedule**

<input type="checkbox"/> Monday	_____ am to _____ pm
<input type="checkbox"/> Tuesday	_____ am to _____ pm
<input type="checkbox"/> Wednesday	_____ am to _____ pm
<input type="checkbox"/> Thursday	_____ am to _____ pm
<input type="checkbox"/> Friday	_____ am to _____ pm
<input type="checkbox"/> AM Program Only	8:30am – 11:30am

Are you affiliated with (student, staff, faculty, etc):

CSU Monterey Bay

Hartnell College

Are you employed by:

Monterey County

City of Salinas

Have you received any form of cash assistance (Welfare, AFDC, Calworks) in the last two years?

Yes

No

How did you hear about EDS?

Drive By

Internet

Previous Client

Print Advertisement

Sibling in Care

Word of Mouth

**If you are requesting subsidized care, you must complete this section or your application will be considered incomplete.**

**Need for Services**

(Please select all that apply one for each parent in household)	Parent A	Parent B
Incapacitated due to medical or psychiatric special needs		
Working		
Receiving Education or Training		
Actively seeking employment		
Actively seeking permanent housing		
Teen Parent		
Child Protective Services		

**Income Sources (write in dollar amount per month for each source)**

Attach 1 months work of paycheck stubs from the last 60 days or an employment verification form

	Parent A	Parent B
Work/Employment	\$	\$
Child Support Received	\$	\$
Spousal Support Received	\$	\$
State Disability	\$	\$
Unemployment Benefits	\$	\$
Sales/Work Commissions	\$	\$
Public Assistance/TANF/Cash Aid	\$	\$
Financial Aid	\$	\$
Child Support Paid Out	\$	\$
Other	\$	\$

I certify that this information is true and accurate as of the date it is submitted. I understand that if I am contacted for an opening and my income has changed, I may not be eligible at the time.

In order to remain active on the Early Development Services Waiting List, I must keep my information current.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Date Entered:		By:	
Family ID#	Family Size:	Income:	Priority #:
Letter Sent: <input type="checkbox"/> Application Incomplete: _____ _____ <input type="checkbox"/> Application Complete: _____ _____		Notes:	