

Berkeley Unified School District

Hopkins Preschool: 1810 Hopkins St., Berkeley

King CDC: 1939 Ward St., Berkeley

Franklin Preschool: 1460 8th St., Berkeley

Today's Date: _____

(510) 644-8939 Fax (510)644-6715

(510)644-6358 Fax (510)644-7711

(510) 644-6339 Fax (510)644-7710

Provide the Following Documents

* **Proof of Address**

* **Immunizations Rec.**

* **Family Gross Monthly Income**

* **Birth Certificates of all your children**

<p><u>Primary Parent</u></p> <p>_____ First Name Initial Last Name</p> <p>_____ Home Phone Work Phone</p> <p>_____ Message, Cell or Pager DOB</p> <p>Married Y / N</p> <p>Gender M / F Primary Language</p> <p>Single Parent? Y / N</p> <p>CPS Y / N</p> <p>Family Size _____</p> <p>Ethnicity _____</p>	<p><u>Reason for Care</u></p> <p><input type="checkbox"/> Incapacitated <input type="checkbox"/> Looking for Work</p> <p><input type="checkbox"/> Working Zip: _____</p> <p><input type="checkbox"/> Education/Training Zip: _____</p> <p>Name of College or Community College: _____</p> <p><i>Data entry: If UC Berkeley must enter UC Berkeley on Preference screens.</i></p> <p>Monthly Gross Income: \$ _____</p> <p>Income Source: _____</p> <p>Ever a CalWORKs recipient? Y / N</p> <p>If yes, date of last check: _____</p> <p>CalWORKs Deferment? Y / N</p> <p>Date: _____</p>	<p><u>Household</u></p> <p>_____ Address</p> <p>_____ City</p> <p>_____ State</p> <p>_____ Zip</p> <p>_____ County</p> <p>Seeking Permanent Housing? Y / N</p> <p>Preferred written language:</p> <p>English <input type="checkbox"/></p> <p>Spanish <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Farsi <input type="checkbox"/></p> <p>Vietnamese <input type="checkbox"/></p> <p>Characteristics</p> <p>Homeless Y / N</p> <p>Migrant Y / N</p> <p>Student Y / N</p> <p>Teen Parent Y / N</p>
<p><u>Secondary Parent</u></p> <p>_____ First Name Initial Last Name</p> <p>_____ Home Phone Work Phone</p> <p>_____ Message, Cell or Pager DOB</p> <p>Married Y / N</p> <p>Gender M / F Primary Language</p> <p>Single Parent? Y / N</p> <p>CPS Y / N</p> <p>Family Size _____</p> <p>Ethnicity _____</p>	<p><u>Reason for Care</u></p> <p><input type="checkbox"/> Incapacitated <input type="checkbox"/> Looking for Work</p> <p><input type="checkbox"/> Working Zip: _____</p> <p><input type="checkbox"/> Education/Training Zip: _____</p> <p>Name of College or Community College: _____</p> <p><i>Data entry: If UC Berkeley must enter UC Berkeley on Preference screens.</i></p> <p>Monthly Gross Income: \$ _____</p> <p>Income Source: _____</p> <p>Ever a CalWORKs recipient? Y / N</p> <p>If yes, date of last check: _____</p> <p>CalWORKs Deferment? Y / N</p> <p>Date: _____</p>	
<p><u>Child 1</u></p> <p>Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Day</p> <p>Exceptional Need? IEP / IFSP</p> <p>Currently receiving subsidized care? Y / N</p> <p>Agency _____</p> <p>Ethnicity _____</p>	<p><u>Child 2</u></p> <p>Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Day</p> <p>Exceptional Need? IEP / IFSP</p> <p>Currently receiving subsidized care? Y / N</p> <p>Agency _____</p> <p>Ethnicity _____</p>	
<p><u>Child 3</u></p> <p>Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part Day</p> <p>Exceptional Need? IEP / IFSP</p> <p>Currently receiving subsidized care? Y / N</p> <p>Agency _____</p> <p>CalWORKs Stage One? Y / N</p>	<p><u>Child 4</u></p> <p>Family Type: Standard / Foster / Guardian</p> <p>_____ First Name Initial Last Name</p> <p>Gender: M / F DOB: _____</p> <p>Schedule: Full / Part</p> <p>Exceptional Need? IEP / IFSP</p> <p>Currently receiving subsidized care? Y / N</p> <p>Agency _____</p> <p>CalWORKs Stage One? Y / N</p>	

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