

Rank your choice of school (1<sup>st</sup>, 2<sup>nd</sup>)

**Berkeley Unified School District**

**Provide the Following Documents**

\_\_\_ Hopkins Preschool 1810 Hopkins St., Berkeley [delialopezcaloca@berkeley.net](mailto:delialopezcaloca@berkeley.net)

\* Birth Certificates of all your children

\* Immunizations Rec.

\_\_\_ Franklin Preschool 1460 8<sup>th</sup> St., Berkeley

[maurablanca@berkeley.net](mailto:maurablanca@berkeley.net)

[margowilson@berkeley.net](mailto:margowilson@berkeley.net)

**Primary Parent / Guardian #1**

**Eligibility for Care**

**Household**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Married Y / N  
 Single Parent? Y / N  
 Gender M / F Primary Language \_\_\_\_\_  
 Family Size \_\_\_\_\_ Ethnicity \_\_\_\_\_

- Homeless
- Employed
- Seeking Employment
- Education -ELL, GED /VocationalTraining
- Seeking Permanent Housing
- Incapacitated

Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 County \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_  
 Income Source: \_\_\_\_\_  
 Are you a CalWORKs recipient? Y / N

**Please check the Program that applies to you or a member of your household who is certified to receive benefits from any of the following:**

- Medi-Cal**
- CalFresh**
- WIC**
- Head Start**
- Early Head Start**

**Federal Food Distribution Program on Indian Reservations**

**Secondary Parent / Guardian #2**

**Eligibility for Care**

If no 2<sup>nd</sup> Parent please check here

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Married Y / N  
 Single Parent? Y / N  
 Gender M / F Primary Language \_\_\_\_\_  
 Family Size \_\_\_\_\_ Ethnicity \_\_\_\_\_

- Homeless
- Employed
- Seeking Employment
- Education -ELL, GED /VocationalTraining
- Seeking Permanent Housing
- Incapacitated

Gross Monthly Income: \$ \_\_\_\_\_  
 Income Source: \_\_\_\_\_  
 Are you a CalWORKs recipient? Y / N

**Child 1**

**Child 2**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Gender: M / F DOB: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Family Type: Biological / Adopted / Foster / Guardian  
 CPS Y / N Exceptional Need? IEP / IFSP  
 Schedule: Full / Part Day  
 Currently receiving subsidized care? Y / N  
 Agency: \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Gender: M / F DOB: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Family Type: Biological / Adopted / Foster / Guardian  
 CPS Y / N Exceptional Need? IEP / IFSP  
 Schedule: Full / Part Day  
 Currently receiving subsidized care? Y / N  
 Agency: \_\_\_\_\_

**Child 3**

**Child 4**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Gender: M / F DOB: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Family Type: Biological / Adopted / Foster / Guardian  
 CPS Y / N Exceptional Need? IEP / IFSP  
 Schedule: Full / Part Day  
 Currently receiving subsidized care? Y / N  
 Agency: \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Gender: M / F DOB: \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Family Type: Biological / Adopted / Foster / Guardian  
 CPS Y / N Exceptional Need? IEP / IFSP  
 Schedule: Full / Part Day  
 Currently receiving subsidized care? Y / N  
 Agency: \_\_\_\_\_

**Acknowledgement**

I attest and declare under penalty of perjury and the laws of the State of California that the information provided is true and correct. I understand that this is an **application** and by submitting this application does not guarantee me a place in the upcoming school year's program. I am aware that upon enrollment, I will be required to submit proof of the information provided above and if my situation has changed, it may affect my place on the priority/waiting list, as well as my potential enrollment.

**Print Name of Parent/Caretaker:** \_\_\_\_\_

**Signature of Parent/Caretaker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STAFF USE ONLY**

*Staff acknowledge receipt and review of application and that the child has been placed accordingly on a priority/waiting list. If applicable, any additional information and/or comments added below for clarity.*

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Staff name: \_\_\_\_\_ Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_