



Welcome to CAPE Inc. Programs,

This application is the beginning of your enrollment process. It will determine your child's eligibility for CAPE Inc. Programs. Please complete the application, and call the Eligibility Worker (Patricia) at 925-443-3434 x 112 to schedule an appointment to return it. When you come in for your appointment, please bring the following information:

- ❑ The completed application, front and back, all sections in blue or black ink
- ❑ Proof of birth records or birth certificates for all children on application.
- ❑ Verification of income for each adult on application: **3 months** current pay stubs, TANF/CalWorks award letter or copies of three latest checks, SSI income award letter or copies of three latest checks. If you are in school, you will be required to bring verification of your class schedule.
- ❑ Proof of address (PG&E, water bill, home telephone bill, or rental/lease agreement). We do not accept cellular phone bills.
- ❑ Immunization records (including a Varicella vaccination) in accordance with California Child Care Licensing regulations. Required to enter a CAPE Inc. classroom.



ENROLLMENT APPLICATION

Child's Name: (Last)		(First)	
Child's Date of Birth:		Race: (Circle all that apply) Other: _____ Native American African-American/Black Hispanic Asian/Pacific Islander Caucasian	
Gender: Male Female	Child's Primary Language: _____ Child's Secondary Language: _____		National Origin: _____ Ethnicity: _____
Parent/Guardian in the home:		Relationship:	Parent's Language:
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Child's Address:		City:	Zip Code:
Phone: ____ (____) _____ (Circle One) Home Work Message Cell		Other Phone: ____ (____) _____ (Circle One) Home Work Message Cell	
Parental Status: (Circle One) Single Parent Two Parents Foster Parent Non-Parent Legal Joint Custody Legal Sole Custody			
Number of Persons: In the family () In the home ()		Number of Children: In the family ()	
Is the mother pregnant? Yes No If yes, due date:		Child's Health Insurance Name and Number:	
Receiving: TANF CalWORKS SSI WIC		Child's Medical Provider: Child's Dental Provider:	
Does the child have a medical condition? Yes No Suspected		(If yes, circle condition and describe) Allergy Asthma Seizure Heart Condition Other	
Does the child have a disability or special need? Yes No Suspected		(Describe condition. If diagnosed, give date/source)	



FAMILY MEMBER INFORMATION

Adult (List significant family members beginning with head of family)	Education Level Codes G9=Grade 9 or less GED=Gen. Ed. Diploma G10=Grade 10 HSG=High School Grad G11=Grade 11 COL=College G12=Grade 12 CTG=College Deg/Cert	Employment Status Codes B=Both work & training F=Full time R=Retired P=Part time D=Disabled U=Unemployed T=Training/School
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First and Last Name of adults in the home		Date of Birth	Gender	Education Level	Employment Status
A01			M F		
A02			M F		
A03			M F		
A04			M F		
A05			M F		

Children (List any other children, not the child you are applying for, in the family and in the home)	Child Related Codes B12=Both Adults A01=First Adult listed above A02=Second Adult listed above	Adult/Child Relationship Codes C=Natural/Adopted/Stepchild F=Foster G=Grandchild N=Niece or Nephew O=Other
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First and Last Name of children in the home		Date of Birth	Gender	Adult child is related to	Adult/Child Relationship
xxx	Applying child	xxxxxxxxxxx	xxxxxxx	xxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxx
C01			M F		
C02			M F		
C03			M F		
C04			M F		
C05			M F		
C06			M F		
C07			M F		
C08			M F		
C09			M F		

I certify that this information is true and correct to the best of my knowledge. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during business hours.

Parent/Guardian Signature: _____ Date: _____

*****FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE*****

Center Preference: Bess Platt Frederiksen Hill-n-Dale Horizon Jackson Kinderkirk Leahy Ormond	Program: Head Start/EHS only Head Start/State State only	Session: Part Day Full Day Extended Day
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Comments: (Special Family Circumstances:)

Staff Received Application:	Date:
Staff Processed Application:	Date:



CAPE Inc.

Community Association for Preschool Education

