Rank your choice of school (1st, 2nd) **Berkeley Unified School District**

__Hopkins Preschool 1810 Hopkins St., Berkeley delialopezcaloca@berkeley.net

__Franklin Preschool 1460 8th St., Berkeley preschoolenrollmnet@berkeley.net

Provide the Following Documents

*** Birth Certificates of all your children**

*** Immunizations Rec.**

Primary Parent / Guardian #1

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 _____

Eligibility for Care

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

Gross Monthly Income: $_____
Income Source: _____
Are you a **CalWORKs** recipient? Y / N

Household

Address

City

State

Zip_____

County_____

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

If no 2nd Parent please check here ☐

First Name Initial Last Name

Cell Phone Work Phone

Phone DOB Home

Email address_____

Married Y / N
Single Parent? Y / N
Gender M / F
Primary Language

Family Size_____ Ethnicity _____

Eligibility for Care

□ 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

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 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:_____

Child 3

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 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:_____

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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.

_____

_____

_____

_____

Staff name:_____ Staff signature:_____ Date:_____