

Waitlist Interest Form

Part-day State Preschool

Mt. San Jacinto College
Child Development and Education Center
1499 N. State St.
San Jacinto CA 92583
(951) 487-3605

For Office Use Only

Received: _____

By: _____

Comments:

Date: _____

Name of Parent(s) / Guardian(s) in the home:

Mother's Last Name First Name Father's Last Name First Name

Mailing Address: _____
Street Apt. # City Zip Code

() _____ () _____ () _____
Home Telephone Work Telephone Cell Telephone

Child/Children to be enrolled:

	First / Last Name	Male / Female	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____

Other Children in home:

	First / Last Name	Male / Female	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Total number of persons in basic family unit (related by blood, marriage, or adoption): _____

Schedule Preferred: 8:30-11:30 a.m. 1:00-4:00 p.m.

Classes meet Monday through Friday. Children must attend all 5 days per week.

(Not all schedule preference requests can be honored)

Financial Needs Assessment

In order to help us determine eligibility for financial assistance, please provide the following information:

Estimated gross **monthly** income* from **ALL SOURCES**, including salary, child support, alimony, TANF/AFDC, unemployment, student aid, disability, social security, etc.: \$ _____

***gross income is earnings before anything is taken out—taxes, insurance, etc.**

Do you pay **COURT ORDERED CHILD SUPPORT** for any child/ren not living with you?

Yes No If yes, amount \$ _____
(outgoing child support must be documented)

Continued on back.

To enable the Child Development and Education Center to address the physical, cognitive, emotional, and social needs of your child/ren, please respond to the following statements as completely as possible:

Does your child/ren have specific physical, cognitive, emotional and/or social needs? Yes No

If yes, please identify each child and describe his/her specific need/s: _____

Has the need/s of your child/ren been professionally diagnosed? Yes No

If yes, please identify the resources that are currently helping to meet the need/s of your child/ren:

Additional comments or special concerns: _____

To the best of my knowledge, I have responded completely and accurately to the above statements.

Parent / Guardian Signature

Date