



ENROLLMENT APPLICATION
Revised March 2017

CHILD TO BE ENROLLED															
CHILD'S NAME				DATE OF BIRTH		GENDER M F		CHILD'S RACE		CHILD'S LANGUAGE					
ADDRESS (HOME)				CITY, STATE AND ZIP CODE					TELEPHONE NUMBER (HOME)						
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				CITY, STATE AND ZIP CODE					TELEPHONE NUMBER (MESSAGE)						
CHILD LIVES WITH		Both Parents <input type="checkbox"/>		Parent A <input type="checkbox"/>		Parent B <input type="checkbox"/>		Guardian <input type="checkbox"/>		Foster <input type="checkbox"/>		Dual Custody YES <input type="checkbox"/> NO <input type="checkbox"/>			
PARENT/GUARDIAN															
PARENT//GUARDIAN A NAME				DATE OF BIRTH		MARITAL STATUS				EDUCATION LEVEL					
ADDRESS (IF DIFFERENT FROM ABOVE)						PARENT A LANGUAGE				PARENT A RACE					
<input type="checkbox"/> EMPLOYED # OF HOURS		<input type="checkbox"/> SEEKING EMPLOYMENT		<input type="checkbox"/> INCAPACITATED		<input type="checkbox"/> SEASONAL		<input type="checkbox"/> SCHOOL OR TRAINING							
ARE YOU A CAC EMPLOYEE? YES NO		ARE YOU A RELATIVE OF A CAC EMPLOYEE? YES NO		IF YES, NAME OF EMPLOYEE:											
PARENT//GUARDIAN B NAME				DATE OF BIRTH		MARITAL STATUS				EDUCATION LEVEL					
ADDRESS (IF DIFFERENT FROM ABOVE)						PARENT B LANGUAGE				PARENT B RACE					
<input type="checkbox"/> EMPLOYED # OF HOURS		<input type="checkbox"/> SEEKING EMPLOYMENT		<input type="checkbox"/> INCAPACITATED		<input type="checkbox"/> SEASONAL		<input type="checkbox"/> SCHOOL OR TRAINING							
ARE YOU A CAC EMPLOYEE? YES NO		ARE YOU A RELATIVE OF A CAC EMPLOYEE? YES NO		IF YES, NAME OF EMPLOYEE:											
OTHER SIBLINGS IN HOUSEHOLD (use back of this application for additional names)															
CHILD'S NAME			GENDER M F		DATE OF BIRTH		CHILD'S NAME			GENDER M F		DATE OF BIRTH			
CHILD'S NAME			GENDER M F		DATE OF BIRTH		CHILD'S NAME			GENDER M F		DATE OF BIRTH			
PROGRAM OPTIONS															
INDICATE YOUR PREFERENCE BY USING "1", "2", AND "3", WITH "1" BEING YOUR FIRST CHOICE:															
<input type="checkbox"/> Part Day Session (3-5yrs)		<input type="checkbox"/> Full Day Session (18mo-5yrs) (working or going to school full-time)		<input type="checkbox"/> Home Based Option (0-3yrs)		<input type="checkbox"/> Family Child Care Option (6wks-5yrs) (working or going to school full-time)									
HOUSEHOLD															
DOES ANY FAMILY MEMBER RECEIVE:		CASH AID Yes No		MEDI-CAL Yes No		S.S.I. Yes No		WIC Yes No		FOOD STAMPS Yes No		ACTIVE MILITARY DUTY Yes No		CHILD WELFARE SERVICES Yes No	
WERE YOU REFERRED TO OUR AGENCY? Yes No				NAME OF REFERRING AGENCY:					WHAT IS YOUR FORM OF TRANSPORTATION?						
DISABILITIES															
DOES YOUR CHILD HAVE A DISABILITY? (CIRCLE DISABILITY) Yes No SPEECH HEALTH PHYSICAL MENTAL OTHER: _____															
IF YES, HAS YOUR CHILD HAD AN ASSESSMENT, WHICH RESULTED IN A DIAGNOSIS? (DOCUMENTATION ATTACHED) Yes No IFSP IEP															
PREFERRED CONTACT METHOD															
Would you like to opt into receive application status/program information via e-mail and/or text? If so, please provide your e-mail address and/or cell phone number(s) for text messages. Standard message and data rates may apply from your mobile service provider.												Yes		No	
E-Mail Address						E-Mail Address									
Cell Phone Number, please include area code						Cell Phone Number, please include area code									
OTHER INFORMATION															
IS THERE ANY OTHER FAMILY NEED OR SITUATION YOU WOULD LIKE TO SHARE THAT WOULD HELP US TO SERVE YOU BETTER?															
I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION AND THE DOCUMENTS I HAVE PROVIDED WITH THIS APPLICATION CONCERNING MY ELIGIBILITY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.															
Parent/Guardian Signature: _____ Date: _____															

2115 State St.
Santa Barbara CA 93105
(805) 682-9585