Storyteller Children's Center

ENROLLMENT APPLICATION

Revised March 2019

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

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 ❑	Parent A ❑	Parent B ❑	Guardian ❑	Foster ❑	Dual Custody YES ❑ NO ❑

PARENT/GUARDIAN

PARENT//GUARDIAN **A** NAME GENDER M F	DATE OF BIRTH	MARITAL STATUS	EDUCATION LEVEL

ADDRESS (IF DIFFERENT FROM ABOVE)	PARENT **A** LANGUAGE	PARENT **A** RACE

❑ EMPLOYED # OF HOURS ❑ SEEKING EMPLOYMENT ❑ INCAPACITATED ❑ SEASONAL ❑ SCHOOL OR TRAINING

PARENT//GUARDIAN **B** NAME GENDER M F	DATE OF BIRTH	MARITAL STATUS	EDUCATION LEVEL

ADDRESS (IF DIFFERENT FROM ABOVE)	PARENT **B** LANGUAGE	PARENT **B** RACE

❑ EMPLOYED # OF HOURS ❑ SEEKING EMPLOYMENT ❑ INCAPACITATED ❑ SEASONAL ❑ SCHOOL OR TRAINING

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

HOUSEHOLD

DOES ANY FAMILY MEMBER RECEIVE:	CASH AID		MEDI-CAL		S.S.I.		WIC		FOOD STAMPS		ACTIVE MILITARY DUTY		CHILD WELFARE SERVICES	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

WERE YOU REFERRED TO OUR AGENCY? Yes | No	NAME OF REFERRING AGENCY:	WHAT IS YOUR FORM OF TRANSPORTATION?	DO YOU OWN OR RENT?

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:** _____

FOR OFFICE USE ONLY

☐ Verification of Income	☐ Verification of Child's Age	Date Application Received:
☐ Child's Immunization Record	☐ Verification of Full Day Eligibility	
☐ Child's Health Assessment	☐ Documentation of CWS, Foster	
☐ Verification of Parental Status	☐ Release for Eligibility (if applies)	Date Application Comp. & Verified: _____
☐ Verification of Homelessness	☐ IFSP / IEP Report	
Enrollment Staff Name: _____		