



YWCA CHILDCARE SERVICES

A SPECIAL PLACE PRESCHOOL
WAIT LIST APPLICATION

Hours of operation: Monday-Friday 8am-3:30pm

Date: _____

Guardian: _____

Mother: _____

Father: _____

Marital Status *circle one* Single Separated Divorced Married Foster Parent

Address: _____

Phone: _____

Child's Name: _____

Age: _____ Birthdate: _____

A Special Place is a state subsidized full day preschool. Families must meet the need and eligibility guidelines for enrollment. Please give us the following Information to help us determine your eligibility

Family Size _____

Parents must be working 30 plus hours a week during the hours of 8-3 _____

(Parent will provide work verification letter from employer of hours they work M-F)

Parent is attending school during the hours of 8-3 M-F _____

(Parent will provide school schedule and grades)

Parent is incapacitated and provide a Dr's note _____

Parent has an active CPS case and can bring in a letter of referral from case worker. _____

Parent is In Cal Works _____

Foster Parent _____ *(provide cash aid invoice)*

We also provide the Federal Food Program and this is based on family need

Gross Income _____ *Parent will provide one month paycheck stubs*

SNAP number: _____ *Parent will provide SNAP number*

All families need to show current immunization record and a birth certificate for **all** children in family.