

## Pre-Enrollment Form

Thank you for your interest in the YMCA of Greater Long Beach – Early Childhood Education Programs as your family’s child care provider. The information you provide on this form will help determine your eligibility for child care.

When a subsidized pre-school space becomes available, our program staff will contact you to pick-up an enrollment packet. Along with this form you need to submit the following documents:

- a. Child’s Birth Certificate
- b. Immunization Record, including Skin TB Test
- c. Proof of Family Monthly Gross Income

<b>Parent/Guardian #1 Information</b>		
Last Name:	First Name:	
Street Address:	City & Zip Code:	
Home/Cell Phone:	Work/Other Phone:	Primary Language
Name of Employer/School:	Email:	
Indicate if your household is a <input type="checkbox"/> Single parent family <input type="checkbox"/> Two parent family		
<b>Parent/Guardian #2 Information</b>		
Last Name:	First Name:	
Home/Cell Phone:	Work/Other Phone:	Primary Language
Name of Employer/School:	Email:	
<b>Reason for Requesting Preschool services (check all that apply)</b>		
	<b>Parent/Guardian #1</b>	<b>Parent/Guardian #2</b>
Working		
Attending School or Job Training		
Medically Incapacitated/Disabled		
Seeking Employment		
Homeless/Seeking Housing		
Part-day Educational Preschool experience for child		
<b>Monthly Income and Sources (enter total dollars, before taxes and deductions, for parents/guardians in the household)</b>		
	<b>Parent / Guardian #1</b>	<b>Parent / Guardian #2</b>
Work/Employment	\$	\$
Child Support	\$	\$
Spousal Support	\$	\$
Foster Care Payments	\$	\$
State Disability	\$	\$
Unemployment Benefits	\$	\$
Sales/Work Commissions	\$	\$
Cash Aid ( CalWORKs)	\$	\$
Worker’s Compensation	\$	\$
Other (explain):	\$	\$

<b>Children Living at Home</b> (all children under 18 years who are members of the family; attach an additional page if needed)					
<b>First and Last Name</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Child Care Needed</b>		<b>Full Day/Part Time</b>
1.	M F		Yes	No	
2.	M F		Yes	No	
3.	M F		Yes	No	
4.	M F		Yes	No	
5.	M F		Yes	No	
6.	M F		Yes	No	
7.	M F		Yes	No	
8.	M F		Yes	No	
<b>Total Number of Family Members:</b>					

How did you hear about our YMCA Early Childhood Education program?

Parent Referral                       Direct Mail                       Internet                       Community Event

Drive By                       Referral from Family YMCA                       Other: \_\_\_\_\_

**For Administrative Use:**

Date completed Pre-Enrollment was submitted: \_\_\_\_\_

Income Ranking Number: \_\_\_\_\_

Eligibility Clerk's Initial's: \_\_\_\_\_