

Thank you for your interest in *The Early Education Center*.

Our center is located at **120 Weeks St, Santa Cruz, CA 95060**

Our hours of operation are M-F from **8:00 am – 4:00 pm**

To begin with childcare services, please check all that applies to you and your family as the reason for seeking childcare services.

|  |  |  |
| --- | --- | --- |
| * Child Protective Services Open Case
 | * Seeking Employment
 | * Receiving Gov Benefits
 |
| * At-Risk of Abuse, Neglect, or Exploitation
 | * Incapacitation/Parent Disabled
 | * Homeless or Seeking Housing
 |
| * Employment
 | * Student
 | * No Need
 |

**Student Information**

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children living at home: \_\_\_\_\_\_\_\_ Number of adults living at home: \_\_\_\_\_\_\_\_

The student lives with:

Both parents \_\_\_\_\_ Single parent \_\_\_\_\_ Foster Parent \_\_\_\_\_\_ Guardian \_\_\_\_\_\_

What language does the child speak/understand? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have a diagnosed disability? \_\_\_ Yes No \_\_\_\_

Is your child enrolled in another program? \_\_\_ Yes No \_\_\_\_

If yes, please name the program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of care are you looking for? \_\_\_\_ **Full time Part Time \_\_\_\_\_**

**Please share the dates and times you’re interested in:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |

**Parent #1 Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_\_ **Yes** **No** \_\_\_\_\_ Hours per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the time and days you work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |

**Parent #2 Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_\_ **Yes** **No** \_\_\_\_\_. Hours per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the time and days you work:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |

|  |
| --- |
| **Income Information** |
| Monthly Average:  | Parent #1  | Parent #2 |
| Employment |  |  |
| Financial Assistance |  |  |
| SSI/SSP |  |  |
| Child Support |  |  |
| Disability |  |  |
| Other |  |  |

I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge. I understand that if the information is false or incomplete, Walnut Avenue Family & Women’s Center will remove my application from the waitlist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

***Please return your signed application to our Early Education Center.***

***For questions, please call 831-429-3050***



Gracias por su interes en recivir servicios con *Centro de Educacion Temprana*

Nuestro Centro esta en **120 Weeks St, Santa Cruz, CA 95060**

Nuestras horas son de **8:00 am – 4:00 pm**

Para empezar los servicios de cuidado por favor de llenar lo siguiente:

|  |  |  |
| --- | --- | --- |
| * Nino/a tiene un caso con servicios sociales
 | * Buscando empleo
 | * Reciviendo servicios del govierno
 |
| * En rieso, o siendo abusado, o negligente
 | * Padre desabilitado
 | * Sin hogar o buscando hogar
 |
| * Trabajando
 | * Estudiante
 | * No tiene necesidad
 |

**Informacion de Estudiante**

Nombre de estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numero de ninos viviendo en hogar : \_\_\_\_\_\_\_\_ Numero de adultos en hogar: \_\_\_\_\_\_\_\_

El estudiante vive con :

Los dos padres \_\_\_\_\_ Un padre \_\_\_\_\_\_ Guardian \_\_\_\_\_\_

Que lenguaje habla su estudiante? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tiene una discapacidad el estudiante? \_\_\_ Yes No \_\_\_\_

Su hijo/a esta en otro programa? \_\_\_ Yes No \_\_\_\_

Cual nombre de programa? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Que tiempo esta buscando? \_\_\_\_ **Tiempo Completo Medio Dia \_\_\_\_\_**

**Porfavor indique los dias y horas de cuidado que busca:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lunes** | **Martes** | **Miercoles** | **Jueves** | **Viernes** |

**Padre #1 Informacion**

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esta trabajando? \_\_\_\_ **Si** **No** \_\_\_\_\_ Cuales horas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indique que horario de trabajo tiene:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lunes** | **Martes** | **Miercoles** | **Jueves** | **Viernes** |

**Padre #2 Informacion**

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Esta trabajando? \_\_\_\_ **Si** **No** \_\_\_\_\_ Cuales horas? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indique que horario de trabajo tiene:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lunes** | **Martes** | **Miercoles** | **Jueves** | **Viernes** |

|  |
| --- |
| **Informacion de Ingreso** |
| Promedio de Mes:  | Padre #1  | Padre #2 |
| Trabajo |  |  |
| Asistencia Financiera |  |  |
| SSI/SSP |  |  |
| Child support |  |  |
| Desabilite |  |  |
| Otro |  |  |

Yo certifico que la informacion que puse es complete, verdadera, y correcta a lo major de mi conocimiento. Yo entiendo que si la informacion es incorrecta, falsa, o incomplete la aplicacion no sera procesada.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma de Padre/Mama Fecha

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