



CSPP Family Pre-Enrollment Form



Parent/Caretaker Name: _____ E-Mail Address: _____

Address: _____
Street Number City Zip Code

Day Phone: _____ Evening Phone: _____

Are you (circle one): Single Married Divorced/Separated Widowed

Reason for Needing Services. Please indicate if you are currently (circle all that apply):

Working Seeking work Education/Training Incapacitated Seeking Housing Cal Works Recipient

Is there a secondary parent/caretaker in the household (circle one): Yes / No

If YES, please complete the following for the secondary parent:

Name of secondary parent/caretaker: _____ Phone: _____

Reason for Needing Services. Please indicate if you are currently (circle all that apply):

Working Seeking work Education/Training Incapacitated Seeking Housing Cal Works Recipient

Please complete the following for all children currently living with you (under the age of 18):

Child's Name: _____ Date of Birth: _____ Gender: M or F

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Total Family Size: _____ (All members living in the home)

Family Monthly Income: _____
(Estimate total gross monthly income. Include income from all sources.)

Days and times you need care while at work or in training:

AM Session (8:45-12:15) School Day (8:30-2:30) Full Day (6:30-6:30)

Other comments/needs? _____

Today's Date: _____ Time: _____