



Stone Soup Fresno - Early Childhood Education Center

1345 East Bulldog Lane, Fresno, CA 93710

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Preschool Pre-Registration Eligibility Form (Return in person, by mail, email or fax to office above.)

Child to Enroll (Name): _____ Birthdate: _____ Gender: Male Female

Child to Enroll (Name): _____ Birthdate: _____ Gender: Male Female

Language(s) spoken in home: _____

Name of Parent A: _____ Occupation: _____ Not in Home

Birthdate: _____ Relationship to Child(ren): Father Mother Guardian Foster Parent

Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Phone: _____ Home Cell Work Other Phone: _____ Home Cell Work

Marital Status: Single Married Divorced Separated Widow(er) Domestic Partner

REASON FOR NEEDING SERVICE (Check all that apply)

- Employed School CPS Seeking Employment Incapacitated
- Seeking Permanent Housing (Homeless) Other _____

Please fill out information on Parent B unless unknown or decline to state.

Name of Parent B: _____ Occupation: _____ Not in Home

Birthdate: _____ Relationship to Child(ren): Father Mother Guardian Foster Parent

Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Phone: _____ Home Cell Work Other Phone: _____ Home Cell Work

Marital Status: Single Married Divorced Separated Widow(er) Domestic Partner

REASON FOR NEEDING SERVICE (Check all that apply)

- Employed School CPS Seeking Employment Incapacitated
- Seeking Permanent Housing (Homeless) Other _____

CHILD INFORMATION (List all children in the family under 18 years of age)

Name	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINUE ON BACK

(Preschool Pre-Registration Eligibility Form – Continued from Front)

CURRENT SOURCES OF INCOME

This section must be completed. Include Original Documentation. (One month of income before taxes and deductions)

	Parent A	Parent B
Employer:	_____	_____
Wages per month	\$ _____	\$ _____
2 nd Employer:	_____	_____
Wages per month	\$ _____	\$ _____
CalWorks per month	\$ _____	\$ _____
Case Number	_____	_____
Child Support per month	\$ _____	\$ _____
Spousal Support per month	\$ _____	\$ _____
Unemployment per month	\$ _____	\$ _____
Disability per month	\$ _____	\$ _____
Tips/Bonuses per month	\$ _____	\$ _____
Foster Care Reimbursement	\$ _____	\$ _____
Other per month	\$ _____	\$ _____

TOTAL MONTHLY FAMILY INCOME: \$ _____

Family Size:	“Family” means the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. When a child and his/her siblings are living in a family that does not include their biological or adoptive parent, “family” shall be considered the child and related sibling.
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I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this questionnaire is true, correct, and complete. I also understand that all personal information will be maintained with strict confidentiality.

Parent Signature: _____ Date: _____

<p>Office Use Only</p> <p>Date Received: _____ By: _____</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
