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831.646.4066 (O) ♦ 831.646-3036 (F) ♦ 980 Fremont St, Monterey, CA 93940

APPLICATION FOR SERVICES

This application must be COMPLETELY filled out (with requested documents) in order to be accepted and recorded on the waiting list.

Parent or Guardian A

First Name	Last Name	Home Phone	Work Phone	Alt/Cell Phone	
Street Address		Zip	Birthdate	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Parent or Guardian B

First Name	Last Name	Home Phone	Work Phone	Alt/Cell Phone	
Street Address		Zip	Birthdate	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender <input type="checkbox"/> M <input type="checkbox"/> F

List all Children Living in the Home

Last Name	First & Middle Name	Date of Birth (MM/DD/YYYY)	Need Childcare
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Method

<input type="checkbox"/> 1	Private	<input type="checkbox"/> 2	Alternative Payment Program	<input type="checkbox"/> MAOF	<input type="checkbox"/> 3	AFDC Assisted Case #:
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If you are requesting subsidized services, you must complete the back of this form.

<input type="checkbox"/> 4	Subsidized Services
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- Are you affiliated with (student, staff, faculty, etc): MPC CSUMB
- Are you a teenage parent enrolled at MPUSD? Yes No
- Have you received any form of cash assistance (Welfare, AFDC, CalWORKs) in the last two years? Yes No
- How did you hear about us? Drive By Internet Previous Client Print Advertisement Sibling in Care Word of Mouth

If you are requesting subsidized care, you must complete this page or your application will be considered incomplete.

Need for Services

(Please select all that apply one for each parent in household)	Parent A	Parent B
Incapacitated due to medical or psychiatric special needs		
Working		
Receiving Education or Training		
Actively seeking employment		
Actively seeking permanent housing		
Teen Parent		
Child Protective Services		

Notes:

Income Sources (write in dollar amount per month for each source)

Attach 1 months work of paycheck stubs from the last 60 days or an employment verification form.

	Parent A	Parent B
Work/Employment	\$	\$
Child Support Received	\$	\$
Spousal Support Received	\$	\$
State Disability	\$	\$
Unemployment Benefits	\$	\$
Sales/Work Commissions	\$	\$
Public Assistance/TANF/Cash Aid	\$	\$
Financial Aid	\$	\$
Child Support Paid Out	\$	\$
Other	\$	\$

I certify that this information is true and accurate as of the date it is submitted. I understand that if I am contacted for an opening and my income has changed, I may not be eligible at the time.

In order to remain active on the MPC ECE Lab School Waiting List, I must keep my information current.

Signature: _____ Date: _____

Office Use Only			
Date Entered:		By:	
Family ID#	Family Size:	Income:	Priority #:
Letter Sent: <input type="checkbox"/> Application Incomplete: _____ _____ <input type="checkbox"/> Application Complete: _____ _____		Notes:	