

RANK # _____

**SAN MATEO-FOSTER CITY SCHOOL DISTRICT
TURNBULL CHILD DEVELOPMENT CENTER**

715B INDIAN AVENUE SAN MATEO, CA 94401

Tel: (650) 312-7766 Fax: (650) 312-7729

CHILD'S INFORMATION:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Home Language _____

Is this child currently enrolled in another preschool? ☐ Yes _____ ☐ No

Is this child a foster child? ☐ Yes ☐ No

Is this child bathroom independent? ☐ Yes ☐ In process

Does this child have an active CPS or at-risk referral from a licensed professional? ☐ Yes ☐ No

Does this child have an IEP (Individualize Education Plan)? ☐ Yes ☐ No

RACE AND ETHNICITY:

a) Is the child Hispanic or Latino? ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino

b) What is the Race of your child? ☐ American Indian ☐ Chinese ☐ Japanese ☐ Korean ☐ Other Asian

☐ Black or African American ☐ White ☐ Filipino ☐ Hawaiian ☐ Samoan ☐ Other Pacific Islander

PARENT/GUARDIAN A:

Name _____ Marital Status _____

Home Address _____
Street Apt. City Zip Code

Email Address: _____ Family Size: _____

Cell Phone: _____ Home Phone: _____

Please check all that apply:

☐ Working ☐ Vocational Training Program ☐ College/Education ☐ Experiencing Homelessness

☐ Seeking Employment ☐ Stay at Home Parent ☐ Incapacitation/Disability ☐ Seeking Permanent Housing

Hours Worked Per Week: _____ Gross Monthly Income (Before Taxes/Deductions) _____

If you receive any of the following types of income, please include the monthly amount received.

Child Support: \$ _____ Disability or Unemployment: \$ _____ Spousal Support: \$ _____

Cash Aid(CalWORKs or TANF): \$ _____ Worker's compensation: \$ _____

Housing Allowance: \$ _____ Retirement or SSA: \$ _____ Other Income: \$ _____

PARENT/GUARDIAN B:

Name _____ Marital Status _____

Home Address _____
Street Apt. City Zip Code

Email Address: _____ Family Size: _____

Cell Phone: _____ Home Phone: _____

Please check all that apply:

☐ Working ☐ Vocational Training Program ☐ College/Education ☐ Experiencing Homelessness☐ Seeking Employment ☐ Stay at Home Parent ☐ Incapacitation/Disability ☐ Seeking Permanent Housing

Hours Worked Per Week: _____ Gross Monthly Income (Before Taxes/Deductions) _____

If you receive any of the following types of income, please include the monthly amount received.

Child Support: \$ _____ Disability or Unemployment: \$ _____ Spousal Support: \$ _____

Cash Aid(CalWORKs or TANF): \$ _____ Worker's compensation: \$ _____

Housing Allowance: \$ _____ Retirement or SSA: \$ _____ Other Income: \$ _____

PROGRAM OF PREFERENCE:**Turnbull** 715B Indian Ave. San Mateo, CA 94401☐ PIP: Parent Involvement Program (8:30am-12pm)☐ Part time 3yr old (8:15-11:15am)☐ Part time 4yr old (12-3pm)☐ Full Time (8:30-4:30pm)**LEAD** 949 Ocean Ave. San Mateo, CA 94401☐ PIP: Parent Involvement Program (8:30am-12pm)**Parkside** 1685 Eisenhower St. San Mateo, CA 94403☐ Montessori Program (8:30-12pm)**North Shoreview** 1301 Cypress Ave. San Mateo, CA 94401☐ Montessori Program (8:30-12pm)I, _____, certify the information provided above is accurate and true.
(Parent/Guardian Name)

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Phone call made _____

NOTES _____