

**SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT—Child Development Services**

2828 Fourth Street, Santa Monica, CA 90405 (310) 399-5865 Fax: (310) 396-1618

**Pre-Enrollment for Preschool**

[WWW.SMMUSD.ORG](http://WWW.SMMUSD.ORG)



**Are you applying for financial assistance? NO \_\_\_\_\_ YES \_\_\_\_\_**  
 If YES please fill out both pages of the form. ♦ If NO please fill out this page ONLY.

<b>CHILDREN NEEDING PRESCHOOL:</b>			
1. Child's Name: _____	Date of Birth	/ /	Sex F / M Grade _____
2. Child's Name: _____	Date of Birth	/ /	Sex F / M Grade _____
3. Child's Name: _____	Date of Birth	/ /	Sex F / M Grade _____
<b>Mother's/Guardian's Name:</b>		<b>Father's/Guardian's Name:</b>	
▶ Date of Birth: / /		▶ Date of Birth: / /	
Home Address:		Home Address:	
City:	State:	Zip Code:	City:
			State:
			Zip Code:
Email address:		Email address:	
Home Phone Number: ( ) -		Home Phone Number: ( ) -	
Cell Phone Number: ( ) -		Cell Phone Number ( ) -	
<b>Mother's Employer/School:</b>		<b>Father's Employer/School:</b>	
Work/School Address:		Work/School Address:	
Work Phone Number: ( ) -		Work Phone Number: ( ) -	
<b>Please Check all that apply:</b>		<b>Please Check all that apply:</b>	
Child's Language: English _____ Spanish _____ Other _____		Parent's Language: English _____ Spanish _____ Other _____	
<b>Child's Race:</b>		<b>Child's Ethnicity:</b>	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> NOT Hispanic or Latino	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

▶ Does your child have an IFSP or IEP (for Special Education)? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a copy of your child's IFSP/ IEP)

<p align="center"><i>Must be three years old by 9/1</i></p> <p><input type="checkbox"/> Franklin</p> <p><input type="checkbox"/> John Adams</p> <p><input type="checkbox"/> John Muir</p> <p><input type="checkbox"/> Lincoln</p> <p><input type="checkbox"/> McKinley</p> <p><input type="checkbox"/> Washington West</p> <p><input type="checkbox"/> Will Rogers</p> <p><input type="checkbox"/> Undecided</p> <p><input type="checkbox"/> Infant/ Toddler Center (0 -35 months)</p>	<p align="center"><b><u>Type of Preschool requesting:</u></b></p> <p><input type="checkbox"/> Part Day (3 hours)</p> <p><input type="checkbox"/> Full Day (Hours needed _____)</p> <p align="center">⇒ Please check ✓ school year requesting:</p> <p align="center"><input type="checkbox"/> 2020-21      <input type="checkbox"/> 2021-22</p>
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\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**▶ SECTION BELOW MUST BE COMPLETED ONLY BY FAMILIES WHO ARE REQUESTING FINANCIAL ASSISTANCE**

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

**Are you a single parent family? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Mother's monthly gross income (before taxes):** \_\_\_\_\_

**Father's monthly gross income (before taxes):** \_\_\_\_\_

**Are you or any member in your family receiving:**

Child Support \$ \_\_\_\_\_       Unemployment \$ \_\_\_\_\_       TANF/Cal WORKs \$ \_\_\_\_\_       Medi-CAL

Cal Fresh/Food Stamps \$ \_\_\_\_\_       Healthy Families       SSI       WIC

Is your family homeless? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your child under the care of Child Protective Services? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any other children enrolled in any state-subsidized program with SMMUSD?

NO \_\_\_\_\_ YES \_\_\_\_\_ → Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

**Please list below all siblings in the household (not those requesting preschool/childcare):**

Child's Name:	Date of Birth    /    /	Sex    F / M	School /Grade:
Child's Name:	Date of Birth    /    /	Sex    F / M	School /Grade:
Child's Name:	Date of Birth    /    /	Sex    F / M	School /Grade:

Comments:

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\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

*OFFICE USE ONLY:*

DATE RECEIVED: \_\_\_\_\_ ELIGIBILITY # \_\_\_\_\_