



MONTEREY COUNTY OFFICE OF EDUCATION EARLY LEARNING PROGRAM



*Services provided to children 3-5 years old
including children with disabilities.*

Apply to Early Learning Program NOW!

It is not required that your child is potty trained to attend our program.

If you need assistance or have any questions regarding this interest form, please call
(831)755-0350 and/or toll free (888)973-2800

Step 1: Complete interest form and return with required documents.

Extended Day (6.5 hrs.) required documents

- Proof of ALL **household income** for past 12 months (Previous year 1040 forms, W2s, check stubs, TANF (cash aid)/Passport to Services report, unemployment, child support, and disability pay stubs.)
- Check stubs (must submit additional recent income a month prior to start of school)
- Child's current **immunization record**
- Birth certificate** of all children in the household
- Child's **Insurance** card (if applicable)
- Proof of **address** (if not already on income documents)
- Child Health Questionnaire (attached)
- Housing Information (attached)
- Individual Education Plan (IEP) or Individualized Family Support Plan (IFSP) (if applicable)

Step 2: Mail or submit to:

MCOE Early Learning Program
P.O. Box 80851
Salinas, CA 93912

Nearest Early Learning Center
(see brochure/flyer for sites)

Email application with all required documents to:

Headstartapp@montereycoe.org

Step 3: We will contact you after we process your application to inform you of the eligibility status.

Note: Transportation is NOT provided by Monterey County Office of Education Early Learning Program.

* Enrollment will be selected based on California State Preschool Program's priority ranking system. If income changes after child is enrolled parent must inform program of changes within 30 days.



MONTEREY COUNTY OFFICE OF EDUCATION
EARLY LEARNING PROGRAM



CSPP Interest Form

****Interest form is required for EACH child.****

ID#: _____

Child Last Name:		First Name:		Date of Birth:	Country of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non Binary	
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____			Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		
What language did your child first learn? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____				What language is most frequently spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Parent/Guardian #1:			Date of Birth:		Do they live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Grade Level: <input type="checkbox"/> 0 through 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Vocational School/Training <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree				Employment Status: (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Attending Training/School <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed → Receiving unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language: _____ English Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None					Occupation: _____		
Parent/Guardian #2:			Date of Birth:		Do they live in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Grade Level: <input type="checkbox"/> 0 through 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Vocational School/Training <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree				Employment Status: (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Attending Training/School <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed → Receiving unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Language: _____ English Proficiency: <input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None					Occupation: _____		
Living Address:				City:		State:	Zip Code:
Mailing Address (if different) P.O. BOX:				City:		State:	Zip Code:
1 st Number: _____		Text Msg? <input type="checkbox"/> Yes <input type="checkbox"/> No		2 nd Number: _____		Email: _____	
Child lives with: <input type="checkbox"/> Two Parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other/Relative: _____							
Does child have a court issued custody agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please attach court documentation)							
How many family members are living in the home and are supported by the income reported? <input style="width: 50px; height: 20px;" type="text"/>						<u>You must list all others below.</u>	
Other Family Member		Date of Birth		Other Family Member		Date of Birth	
1.				3.			
2.				4.			
Are you receiving TANF/CalWORKs (cash aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have access to childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you currently pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is anyone in your family receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No (Supplemental Security Income)				Is at least one parent/guardian a member of the United States military on active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No or a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your family receiving SNAP/CalFresh/Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No CalFresh Case Number: _____ CalWORKs Case Number: _____				Type of insurance: <input type="checkbox"/> No Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private Does your insurance include dental coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you referred by a child welfare agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (CPS/Foster Care/Adoption/Shelter, etc.)				Is either parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have family employed by MCOE Early Learning Program? If so, who _____				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your immediate family been affected/impacted by violence*? <input type="checkbox"/> Yes <input type="checkbox"/> No (*Any form of physical, sexual, emotional, or psychological abuse or trauma.)							
I give permission for Early Learning Program staff to have third party conversations with any person who is able to validate my family's circumstances in order to verify eligibility. Staff must adhere to program privacy policies and procedures. <input type="checkbox"/> Yes <input type="checkbox"/> No Parent Initials _____							
Is there anything else you want us to consider for eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____							
Preferred center? 1 st _____ 2 nd _____ <input type="checkbox"/> Any other site in the city of: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Extended Day							
<small>I certify that the statements in this application, any legal documents and the income provided are true and complete. If any part is false, my participation in Early Learning Program may be terminated. I understand that this information is being given in connection with the receipt of federal funds. I release from liability persons or organizations reporting information required by this application. I understand that deliberate misrepresentation of information may subject me to prosecution under state and federal regulations.</small>							
Parent/Guardian Signature _____						Date _____	
Staff Signature _____						Date _____	



MONTEREY COUNTY OFFICE OF EDUCATION
EARLY LEARNING PROGRAM
 CHILD HEALTH QUESTIONNAIRE



Child's Name: _____, _____ **Date of birth:** ____/____/____
(last) (first) (mi)

1. Does your child have breathing problems or asthma? a. Has your child ever used any of the following medications? <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer i. For what medical condition? _____ ii. When did your child last use it? ____/____/____ (date)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your child ever had seizures or convulsions? a. Does your child take medications for this condition? b. What is the cause of the seizures/convulsions? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your child have an allergy? If so, list: _____ a. Describe your child's allergic reaction(s): _____ b. Does your child have any feeding or eating problems that require dietary changes or special equipment? i. Describe eating/feeding problem(s): _____ ii. What are the special dietary changes or equipment needed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your child allergic to any medications? a. Name of medication(s): _____ b. Describe allergic reaction(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your child ever had major surgery or been hospitalized? a. Date of surgery/hospitalization: ____/____/____ b. Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your child have a diagnosed disability? a. Type of disability: _____ b. Does your child have a current IEP (Individualized Educational Plan) or IFSP (Individualized Family Service Plan)? If so, attach most recent copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have any concerns about your child's? <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Other _____ a. Please describe concern: _____ b. Is your child under medical care for this concern? c. Does your child take medications for this concern? Name of medication: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your child require diaper changing? If so, what is the <input type="checkbox"/> diaper or <input type="checkbox"/> pull-up size? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Please provide us with additional information or comments that will help us understand your child's current health status or concerns: _____ _____	

I authorize _____ at _____
(name of health provider) (health provider address) (provider phone)
 to share my child's health information with MCOE's Early Learning Program. This information will be used to accommodate my child's medical needs while in the Early Learning Program. Early Learning Program will maintain all health information confidential.

Parent/Guardian: _____
(parent signature) (parent name) (date)



MONTEREY COUNTY OFFICE OF EDUCATION EARLY LEARNING PROGRAM



Housing Information Form

Applicant/Child's Name: _____, _____ DOB: ____/____/____
(Last) (First)

Parent's Name: _____, _____
(Last) (First)

Your answers will help determine documents necessary for enrollment of your child.

Please Choose One

1. The child listed above is currently living in:
<input type="checkbox"/> A house, apartment or condominium with NO other family
<input type="checkbox"/> A house, apartment or condominium WITH another family, due to:
<input type="checkbox"/> Convenience/you choose to (long term plan)
<input type="checkbox"/> Necessity/you need to (ex: loss of housing or other reason that made living together the only option)
<input type="checkbox"/> An unconverted garage
<input type="checkbox"/> A motel/hotel
<input type="checkbox"/> A shelter
<input type="checkbox"/> A car, park, campsite, or any building without water or electricity
<input type="checkbox"/> Other: (Please explain current living situation). _____

Only complete if applying for Greenfield or King City locations.

2. Do you intend to live in California?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
3. What is your plan to secure a fixed regular and adequate residence? _____

I give/ do not give permission for Early Learning Program staff to have third party conversations with any person who is able to validate my family's circumstances in order to verify eligibility. *Staff must adhere to program privacy policies and procedures.*

Who may we contact to verify? Name _____ Relationship: _____
Phone: _____

I certify that the statements are true and complete. I release from liability persons or organizations reporting information required by this application. I understand that deliberate misrepresentation of information may subject me to prosecution under State and Federal regulations under section 37.10 Penal Code.

Parent/Guardian's Signature _____ Date _____

Verified by Staff Person _____ Date _____