



State Preschool Family Waitlist Application

The California State Preschool Program (CSPP) is a free program offered to families who meet the income and family size criteria provided by the state of California. A full-day program is available to families who have a need for care and may have a monthly family fee.

Placement into a preschool program is based on family ranking, not first-come, first-served.

Application and Documents Review

All required documents listed MUST be submitted with the application per California State Preschool Requirements.

PROOF OF AGE ELIGIBILITY - Provide proof of the child's birth record.

PROOF OF RESIDENCE - The document **MUST** be current and in one of the parent's names.

PROOF OF INCOME - Documentation must be provided by each parent who is responsible for the care and welfare needs of the family. Please see the attached list or required documents for proof of income.

PROOF OF FAMILY SIZE - Proof of Birth Records must be provided for ALL of your children counted in the family size living in the home who are 18 and under and were listed on the Family Application. The same birth record documentation requirements apply as was listed for your preschool child.

Please return the required documents and application to Modoc County Office of Education - Preschool Office, located at 809 W. 8th St, Alturas CA. 96101.

Once all documents are received, you will be notified of the status of your application within 30 days.

Registration packet, along with student handbook will be mailed out after acceptance into the CSPP program. Registration packet will need to be returned prior to first day of school. Failure to do so, will result in removal from the program.

El Programa Preescolar del Estado de California (CSPP) es un programa gratuito que se ofrece a familias que cumplen con los criterios de ingresos y tamaño de la familia proporcionados por el estado de California. Un programa de día completo está disponible para familias que necesitan atención y pueden tener una tarifa familiar mensual.

La colocación en un programa preescolar se basa en la clasificación de la familia, no en el orden de llegada.

Revisión de solicitudes y documentos

Todos los documentos requeridos enumerados DEBE presentarse con la solicitud según los requisitos preescolares del estado de California.

PRUEBA DE ELEGIBILIDAD DE EDAD - Proporcionar prueba del acta de nacimiento del niño.

PRUEBA DE RESIDENCIA - El documento DEBE estar vigente y a nombre de uno de los padres.

PRUEBA DE INGRESO - La documentación deberá ser aportada por cada progenitor que sea responsable de las necesidades de cuidado y bienestar de la familia. Consulte la lista adjunta o los documentos requeridos como prueba de ingresos.

PRUEBA DE TAMAÑO DE LA FAMILIA - Se debe proporcionar comprobante de registros de nacimiento para TODOS los hijos contados en el tamaño de la familia que viven en el hogar y que tienen 18 años o menos y que figuran en la Solicitud familiar. Se aplican los mismos requisitos de documentación del registro de nacimiento que se enumeraron para su hijo en edad preescolar.

Devuelva los documentos requeridos y la solicitud a la Oficina de Educación del Condado de Modoc - Oficina de Preescolar, ubicada en 809 W. 8th St, Alturas CA. 96101.

Una vez que se reciban todos los documentos, se le notificará el estado de su solicitud dentro de los 30 días.

El paquete de inscripción, junto con el manual del estudiante, se enviará por correo después de la aceptación en el programa CSPP. El paquete de inscripción deberá devolverse antes del primer día de clases. De lo contrario, se dará lugar a la expulsión del programa.



State Preschool Family Waitlist Application

139 Henderon St, Alturas CA 96101 * P:530-233-7115 * www.modocoe.k12.ca.us

STUDENT INFORMATION

Enrolling Child's Legal Last Name	Legal First Name	Legal Middle Name
Does your child have an IEP?	Language Spoken At Home	Language Spoken By Child
Yes___ No___		

PRIMARY PARENT/GUARDIAN

Are you a single parent/caretaker? Yes___ No___

Parent Marital Status: ___ Married ___ Divorced ___ Domestic Partnership ___ Single ___ Separated

Full Name of Parent/Caretaker:

Relationship: ___ Parent ___ Grandparent ___ Guardian ___ Foster Parent ___ Other:

Primary Phone:

Alternate Phone:

Mailing Address:

Physical Address:

Email Address:

Is there a Second Parent/Adult Living in the Home? ___ Yes ___ No

If Yes, Name:

FAMILY SIZE: List ALL CHILDREN residing in the home and counted in the family size who are under the 18 years of age.

Full Name of Child	Birthdate	Full Name of Child	Birthdate

PRESCHOOL CLASS AVAILABLE

Please Select Which Program Interested In

Alturas	8:00 am—12:00 pm	
Alturas	8:00 am—5:00 pm	
Tulelake	7:30 am—11:30 am	
Tulelake	7:30 am—4:30 pm	
Surprise Valley	8:00 am—12:00 pm	

For Office Use Only:

Date Received: _____

Date Entered into Waitlist: _____

Rank: _____

Initials: _____



State Preschool Solicitud De Lista De Espera

139 Henderon St, Alturas CA 96101 * P:530-233-7115 * www.modoccoe.k12.ca.us

INFORMACION DEL ESTU-

Apellido Legal Del Menor	Nombre Legal Del Menor	Segundo Nombre
Nececidad Especial?	Idioma Hablado En Casa	Idioma Hablado Por El Menor
SI ___ No___		

Madre / Tutor Principal

Es Usted Padre Soltero/a / Cuidador ? SI ___ No___

Nombre Completo De Los Padres:

Relacion: ___ Madre/ Padre ___ Abuelo/A ___ Guardian ___ Padre Adoptivo ___ Adoptivo ___ Otro

Numero De Telefono:

Numero Aletrnativo:

Direccion de Envio :

Direccion Fisica:

Corre Electronico:

Hay un Segundo Padre/ Adulto Viviendo en Casa? ___ SI ___ No

Name del Adulto:

Numero de Familiares: Nombres de menores que viven en casa.

Nombre Completo del Menor	Fetcha de	Monbre del Menor	Fetcha de

Clase Preescolar Disponible

Favor de seleccionar el programa que le interese

Alturas	8:00 am—12:00 pm	
Alturas	8:00 am—5:00 pm	
Tulelake	7:30 am—11:30 am	
Tulelake	7:30 am—4:30 pm	
Surprise Valley	8:00 am—12:00 pm	

Uso de Oficina Solamente:

Date Received: _____

Date Entered into Waitlist: _____

Rank: _____

Initials: _____

REQUIRED DOCUMENTS FOR PROOF OF INCOME

Salaried Workers - Must submit the following:

- Your most recent check stubs from either month of the two preceding months
- A signed **Statement of Release** form

Salaried Workers Paid In Cash - Must submit the following:

- If you do not receive check stubs and are paid by cash, the **Employer Verification** form must be completed and signed by your employer

Self - Employed Workers - Completed **Self-Employment Verification Form** and provide one of the following documents showing income from either month of the two preceding months:

- A signed & dated Profit & Loss Statements or other income and expense documents, **OR**
- An Independently drafted letter from source of income, **OR**
- A copy of the most recently signed and completed Tax Return-Form 1040 with Schedule C – Profit or Loss with a statement of current estimated income for tax purpose, **OR**
- Other business records, such as ledgers, receipts, or business logs

Employed In A Partnership - Must submit the following:

- A copy of the most current year Form 1040 - Income Tax Return with Schedule K-1 Partner's Share of Income, Credits, Deductions
- Business card, website name, or other business advertisement
- Your most recent check stubs from either month of the two preceding months

Workers With Fluctuating Income (*i.e. Seasonal, Construction, etc.*) - Must submit the following:

- Check stubs for the last 12 months of income, **OR**
- A completed **Self-Certification of Income - Part A** form

Unemployment Benefits - Must submit the following:

- Your most recent check stubs from either month of the two preceding months, **OR**
- An EDD Statement of Benefits from either month of the two preceding months

Cash Aid - Social Services Assistance - Must submit the following:

- A current Notice of Action from the preceding month, **OR**
- A WIZ Report from your Social Worker from the preceding month

Social Security or Disability Benefits - Must submit the following:

- Your most check stubs from either month of the two preceding months, **OR**
- A Notice of Award from either month of the two preceding months

Child and/or Spousal Support - Must submit the following:

- Court documents stating support amount, **AND/OR**
- A completed **Self-Certification of Income - Part B** form listing support verification including if your former spouse pays for any of your household bills (mortgage, utilities, etc.)

If You Are Not Working - Must submit the following:

- A completed **Self-Certification of Income - Part C** form with the reason why you are not working and an explanation of the source of financial support for the care and welfare of your child.

Receiving Benefits from Governmental Program (*CalWorks, Medi-Cal, CalFresh, California Food Assistance, WIC, Food*

Distribution Program on Indian Reservation) - Must submit the following:

- A Notice of Action, WIZ Report, Receipt of Aid or Verification of Benefits from the preceding month, **AND**
- Copy of Governmental Program Application, **OR**
- A completed **Self-Certification of Income - Part D** form

If Guardian/Caretaker or Foster Parent - Must submit the following:

- Proof of monthly income received for the preschool child and any siblings living in the home
- For Foster – A copy of the Foster Parent Agreement(s) indicating the amount paid monthly for the preschool child and any siblings living in the home

DOCUMENTOS REQUERIDOS PARA PRUEBA DE INGRESOS

Trabajadores Asalariados - Debe presentar lo siguiente:

- Copias de talones de cheques más recientes de cualquiera de los dos meses anteriores
- El formulario de **Declaración de Autorización** firmado

Trabajadores Pagados en Efectivo - Debe presentar lo siguiente:

- Si usted no recibe talones de cheques y se le paga en efectivo, el *Formulario de Verificación del Empleador (Employer Verification)* debe ser completado y firmado por su empleador

Trabajadores Autónomos - Complete el formulario de Verificación de Autoempleo (**Self-Employment Verification Form**) y proporcione uno de los siguientes documentos que muestren los ingresos de cualquiera de los dos meses anteriores:

- Una declaración de Ganancias y Pérdidas firmada y fechada recientes, **O**
- Una carta redactada de forma independiente de la fuente de ingresos, **O**
- Una copia del Formulario 1040 de Declaración de impuestos más reciente firmado y completado con el Anexo C – Declaración de Ganancias y Pérdidas de Negocios con una declaración de ingresos estimados actuales fines fiscales, **O**
- Otros registros comerciales, como libros de contabilidad, recibos o negocios

Empleado en una Asociación - Debe presentar lo siguiente:

- Una copia del año más actual Declaración de Impuestos-Formulario 1040 incluyendo el Anexo K-1 parte de la pareja de las deducciones de créditos de ingresos
- Tarjeta de negocios, sitio web o otro anuncio de negocios
- Copias de talones de cheques más recientes de cualquiera de los dos meses anteriores

Trabajadores con Ingresos Fluctuantes (*i.e. Estacional, Construcción, etc.*) - Debe presentar lo siguiente

- Sus talones de cheque de los últimos 12 meses de ingresos, **O**
- Completar el formulario de **Auto-Certificación de Ingresos – Parte A**

Beneficios de Desempleo - Debe presentar lo siguiente:

- Copias de talones de cheques más recientes de cualquiera de los dos meses anteriores, **O**
- Un Aviso de Acción corriente de la Acción recibida de cualquiera de los dos meses anteriores

Subsidio en Efectivo - Asistencia de Servicios Sociales - Debe presentar lo siguiente:

- Aviso de Acción más reciente del mes anterior, **O**
- Un informe de su trabajador social más reciente del mes anterior

Seguro Social o Beneficios de Discapacidad - Debe presentar lo siguiente:

- Copias de talones de cheques más recientes de cualquiera de los dos meses anteriores, **O**
- El último aviso de premio recibido más recientes de cualquiera de los dos meses anteriores

Manutención de Menores y/o Apoyo Conyugal - Debe presentar lo siguiente:

- Documentos judiciales que indiquen el monto de la ayuda, **Y/O**
- Un **Auto-Certificación de Ingresos - Parte B** completada que enumera la verificación de apoyo, incluyendo si su ex cónyuge paga por cualquiera de sus facturas familiares (hipoteca, servicios públicos, etc.)

Si No Trabajan - Debe presentar lo siguiente:

- Una forma de **Auto-Certificación de Ingresos – Parte C** completada con la razón por la cual usted no está trabajando y una explicación de la fuente de apoyo financiero para el cuidado y bienestar de su hijo.

Recibir Beneficios del Programa del Gobierno (*CalWorks, Medi-Cal, CalFresh, Asistencia alimentaria de California WIC*

Programa de distribución de alimentos en la reserva India.) - Debe presentar lo siguiente:

- Un Aviso de Acción, Informe WIZ, Recibo de Ayuda o Verificación de Beneficios del mes anterior, **O**
- Copia de la Solicitud del Programa Gubernamental, **O**
- Completar el formulario de **Auto-Certificación de Ingresos – Parte D**

Si Tutor/Cuidador o Padre de Crianza - Debe presentar lo siguiente:

- Comprobante de ingresos mensuales recibidos por el niño el preescolar y los hermanos que viven en el hogar
- Si es Padre de Crianza - Una copia del Acuerdo(s) de padres de crianza temporal indicando la cantidad pagada mensualmente por el niño preescolar y cualquier hermano que viva en el hogar

STATEMENT OF RELEASE

This Statement of Release must be completed by each parent that is currently employed.

I give permission for MODOC COUNTY OFFICE OF EDUCATION and its representatives to verify my income and employment information from my employer to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

Father/Guardian - Employer's Information

Name of Employer	
Address	
Phone Number	
Hours of Operation	

Student's Name _____

Father/Guardian Name _____

Father/Guardian Signature _____ Date _____

I give permission for MODOC COUNTY OFFICE OF EDUCATION and its representatives to verify my income and employment information from my employer to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

Mother/Guardian - Employer's Information

Name of Employer	
Address	
Phone Number	
Hours of Operation	

Student's Name _____

Mother/Guardian Name _____

Mother/Guardian Signature _____ Date _____

For Office Use Only/Para Uso De Oficina Solamente

Student's Name: _____

Date Verified: _____ Person Spoke With To Verify Employment: _____ Staff Initials: _____

Employer Verified Gross Monthly Income of: \$ _____ or Hourly Rate of: \$ _____ at _____ Hours Per Week

DECLARACIÓN DE AUTORIZACIÓN

Esta Declaración de Autorización debe ser completada por cada padre que esté actualmente empleado.

Doy el permiso para el OFICINA DE EDUCATION DEL CONDADO DE MODOC y sus representantes para verificar mis ingresos e información de empleo de mi empleador para determinar mi elegibilidad de la familia durante el proceso de la certificación. Entiendo que toda la información junta es estrictamente confidencial.

Padre/Tutor - Información del Empleador

Nombre del Empleador	
Dirección	
Número de Teléfono	
Horas de Operación	

Nombre del Niño _____

Nombre del Padre/Tutor _____

Firma del Padre/Tutor _____ Date _____

Doy el permiso para el OFICINA DE EDUCACION DEL CONDADO DE MODOC y sus representantes para verificar mis ingresos e información de empleo de mi empleador para determinar mi elegibilidad de la familia durante el proceso de la certificación. Entiendo que toda la información junta es estrictamente confidencial.

Madre/Tutor - Información del Empleador

Nombre del Empleador	
Dirección	
Número de Teléfono	
Horas de Operación	

Nombre del Niño _____

Nombre del Madre/Tutor _____

Firma del Madre/Tutor _____ Date _____

For Office Use Only/Para Uso De Oficina Solamente

Student's Name: _____

Date Verified: _____ Person Spoke With To Verify Employment: _____ Staff Initials: _____

Employer Verified Gross Monthly Income of: \$ _____ or Hourly Rate of: \$ _____ at _____ Hours Per Week

Modoc County Office of Education– STATE PRESCHOOL

**EMPLOYMENT VERIFICATION
(VERIFICACIÓN DE EMPLEO)**

- The purpose of this form is for employee qualification into the MCOE State Preschool Program This
- form is to be completed by the Employer in the event a check stub cannot be attained
- The Employer may contact our office at (530) 233-7115 for additional information
- This document may be delivered by the employee or sent by fax to 530-233-7133

Name of Employee: _____

Name of Employer: _____

Address: _____ Phone: _____

Supervisor: _____ Federal Tax I.D. # _____ State Tax I.D. # _____

Date of Hire: _____ Hours of Employment: Start: _____ End: _____

Days of Employment: Sun. _____ Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____

If you are working a flexible schedule, please list: Minimum Hours Per Week: _____

Maximum Hours Per Week: _____

Salary Information: Gross Monthly Salary: \$ _____

Or Hourly Rate: \$ _____ X _____ Hours Per Week = \$ _____

Comments: _____

The above information to the employee's eligibility for child care benefits and is subject to review by the State of California representatives.

I affirm that, to the best of my knowledge, the above information is true and correct.

By my signature, I hereby authorize my employer to release (to Modoc County Office of Education) the information requested.

Parent's/Guardian's Signature

Date

Employer's Representative's Signature

Date

For Office Use Only/Para Uso De Oficina Solamente

Student's Name: _____

Date Contacted Employer: _____ Person Spoke With To Verify Employment: _____

Employer Verified Gross Monthly Income of: \$ _____ or Hourly Rate of: \$ _____ at _____ Hours Per Week

Modoc County Office of Education - State Preschool
SELF-EMPLOYMENT VERIFICATION FORM
(FORMULARIO DE VERIFICACIÓN DE EMPLEO POR CUENTA PROPIA)

Please complete the information below and provide one of the following documents showing income from either month of the two preceding months:

- A signed & dated Profit & Loss Statements or other income and expense documents, **OR**
- An Independently drafted letter from source of income, **OR**
- A copy of the most recently signed and completed Tax Return-Form 1040 with Schedule C – Profit or Loss with a statement of current estimated income for tax purpose, **OR**
- Other business records, such as ledgers, receipts, or business logs

Parent/Guardian Name: _____

Business Name: _____ Business Phone # _____

Business Address: _____ City _____ Zip Code _____

A. Please check the appropriate boxes below and submit the requested documentation with this completed form.

	YES	NO
1. Do you have a business license to conduct business in Modoc County or a neighboring county? <i>(If so, please attach a copy)</i>		
2. Do you have a professional license? <i>(If so, please attach a copy)</i>		
3. Is your office or place of work also your residence or located at your residence?		
4. Is your office or place of work a rented property?		
5. Do you have regular business hours? <i>(If so, please attach a copy)</i>		
6. Do you work for others on a contract basis?		
7. Do you have advertising materials? <i>(If so, please attach a copy)</i>		

B. Please check the appropriate boxes below and describe the primary nature of your self-employment:

- Sales *(Real estate, retail business, etc.)*

- Landscape / Gardening *(Landscaping, landscape design, etc.)*

- Domestic *(House cleaning business, etc.)*

- Trucking *(Owns truck/trucking business, works for a company as an independent contractor, etc.)*

- Other *(Please describe)*

C. Please select the box that best describes the basis for your income and tell how much you typically earn for that item and how many of those items you would be paid for in a month. (Example: Per Haul \$75 per haul, 22 hauls per month)

- | | |
|---|--|
| <input type="checkbox"/> Commission _____ | <input type="checkbox"/> Per Job _____ |
| <input type="checkbox"/> Per Sale _____ | <input type="checkbox"/> Per Piece _____ |
| <input type="checkbox"/> Per Mile _____ | <input type="checkbox"/> Per Haul _____ |
| <input type="checkbox"/> Per Item Completed _____ | <input type="checkbox"/> Other <i>(Describe)</i> _____ |

D. Please document your schedule below:

Total number of hours per day normally worked _____ Average number of days per week normally worked _____

Do days worked vary? ___ Yes ___ No Do work hours vary? ___ Yes ___ No

Time normally worked: _____ AM / PM to _____ AM / PM

Check the days normally worked: ___ Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

I swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct.

Parent / Guardian Signature _____ Date _____