

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

► **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> <input type="checkbox"/> Franklin <input type="checkbox"/> John Adams <input type="checkbox"/> John Muir <input type="checkbox"/> Lincoln <input type="checkbox"/> McKinley <input type="checkbox"/> Washington West <input type="checkbox"/> Will Rogers <input type="checkbox"/> Undecided <input type="checkbox"/> Infant/ Toddler Center (0 -35 months)	<p align="center"><b><u>Type of Preschool requesting:</u></b></p> <input type="checkbox"/> Part Day (3 hours) <input type="checkbox"/> Full Day (Hours needed _____)  <p align="center">⇒ <i>Please check √ school year requesting:</i>  <input type="checkbox"/> 2022-23                <input type="checkbox"/> 2023-24</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** \_\_\_\_\_

**Parent/Guardian 1 monthly gross income - from all sources (before taxes):** \_\_\_\_\_

**Parent/Guardian 2 monthly gross income - from all sources (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 # \_\_\_\_\_