SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT—Child Development Services 2828 Fourth Street, Santa Monica, CA 90405 (310) 399-5865 Fax: (310) 396-1618

Waitlist for ITC & Preschool 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.

2. Child's Name:	CHILDREN NEEDING PRESCHOOL:						
2. Child's Name:	1. Child's Name:	Date of Birth: Sex F M Grade					
Date of Birth: Sex F M Grade							
Date of Birth:							
Home Address:							
City:State:Zip Code: City:State:Zip Code: Email address:	Date of Birth:	Date of Birth:					
Email address: Home Phone Number: Cell Phone Number: Parent/Guardian 1's Employer/School: Work/School Address: Work/School Phone Number: Child's Primary Home Language: English Spanish Other Child's Race: American Indian or Alaska Native Asian Black or African American 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 IPSP/ IE Infant/ Toddler Center (0 - 35 months) Must be three years old by 9/1 Franklin Washington West John Adams Will Rogers	Home Address:	Home Address:					
Home Phone Number:	City:State:Zip Code:	City:State:Zip Code:					
Cell Phone Number:	Email address:	Email address:					
Parent/Guardian 1's Employer/School: Parent/Guardian 2's Employer/School: Work/School Address: Work/School Address: Work/School Phone Number: Work/School Phone Number: Work/School Phone Number:	Home Phone Number:						
Work/School Address: Work/School Phone Number: Work/School Phone Number: Work/School Phone Number:	Cell Phone Number:	Cell Phone Number:					
Work/School Phone Number: Work/School Phone Number:	Parent/Guardian 1's Employer/School:	Parent/Guardian 2's Employer/School:					
Work/School Phone Number: Work/School Phone Number: Work/School Phone Number:	Work/Sahaal Addusse	W. 1/6 1 1 1 1 1					
Child's Primary Home Language: English Spanish Other English Spanish Other English Spanish Other Child's Race: Child's Ethnicity: □ American Indian or Alaska Native □ Asian □							
English Spanish Other	Work/School Fibric Fulliber.	Worksenoor Front Number.					
Child's Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ 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/ IE ☐ Infant/ Toddler Center (0 -35 months) Must be three years old by 9/1 ☐ Part Day (3 hours) ☐ Franklin ☐ Washington West ☐ John Adams ☐ Will Rogers ☐ Full Day (Hours needed)		Parent's Primary Home Language:					
□ American Indian or Alaska Native □ Asian □ Hispanic or Latino □ Black or African American □ White □ NOT Hispanic or Latino □ Not Hispanic or Latino □ 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/ IE □ Infant/ Toddler Center (0 - 35 months) Type of Preschool requesting: □ Part Day (3 hours) □ Part Day (4 hours needed) □ John Adams □ Will Rogers	English Spanish Other						
□ Black or African American □ White □ NOT Hispanic or Latino □ Native Hawaiian or Other Pacific Islander □ 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/ IE □ Infant/ Toddler Center (0 -35 months) Type of Preschool requesting: ■ Must be three years old by 9/1 □ Part Day (3 hours) □ Franklin □ Washington West □ Full Day (Hours needed) □ John Adams □ Will Rogers	Child's Race:	Child's Ethnicity:					
□ Black or African American □ White □ Native Hawaiian or Other Pacific Islander □ NOT Hispanic or Latino Poes your child have an IFSP or IEP (for Special Education)? YesNo(If yes, attach a copy of your child's IFSP/IE) Infant/ Toddler Center (0 -35 months)	☐ American Indian or Alaska Native ☐ Asian	Hispania or Latino					
Does your child have an IFSP or IEP (for Special Education)? YesNo(If yes, attach a copy of your child's IFSP/IE Infant/ Toddler Center (0 - 35 months)	☐ Black or African American ☐ White						
☐ Infant/ Toddler Center (0 -35 months) Type of Preschool requesting: Must be three years old by 9/1 □ Part Day (3 hours) □ Franklin □ Washington West □ Full Day (Hours needed) □ John Adams □ Will Rogers	☐ Native Hawaiian or Other Pacific Islander	☐ NOT Hispanic or Latino					
Must be three years old by 9/1 □ Franklin □ Washington West □ John Adams □ Will Rogers □ Full Day (Hours needed)	Does your child have an IFSP or IEP (for Special Education	n)? Yes No (If yes, attach a copy of your child's IFSP/ IEP)					
☐ Franklin ☐ Washington West ☐ Full Day (Hours needed) ☐ John Adams ☐ Will Rogers	☐ Infant/ Toddler Center (0 -35 months)	Type of Preschool requesting:					
☐ Franklin ☐ Washington West ☐ Full Day (Hours needed) ☐ John Adams ☐ Will Rogers	Must be three years old by 9/1	Dent Day (2 hayes)					
□ John Adams □ Will Rogers	□ Franklin □ Washington West						
	ε	La Full Day (Hours needed)					
	☐ Lincoln ☐ Undecided						
☐ McKinley	☐ McKinley	, , ,					
☐ 2023-24 ☐ 2024-25		LJ 2023-24 LJ 2024-25					

Date

Parent/Guardian's Signature

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

Number of children living at h	ome:						
Are you a single parent family		NO)				
Parent/Guardian 1's monthly							
Parent/Guardian 2's monthly	gross income (bei	ore taxes);				
Are you or any member in y	your family rece	iving:					
☐ Child Support \$	☐ Unemployr	ment \$		l TANI	F/Cal W	ORKs \$	_ □ Medi-CAL
☐ Cal Fresh/Food Stamps \$		milies		SSI			□ WIC
Is your family homeless? YES	NO	-					
s your child under the care of Chil	d Protective Service	es? YES_	NC)			
Do you have any other children enr	olled in any state-su	ıbsidized	program wi	ith SM	MUSD?		
NO YES→ Child's	Name:			School:			
Please list below all siblings in the						T	
Child's Name:	Date of Birth	/	/ Se	x F	/ M	School /C	rade:
Child's Name:	Date of Birth	/	/ Se	x F	/ M	School /C	rade:
Child's Name:	Date of Birth	/	/ Se	x F	/ M	School /C	rade:
Comments:							
							·
Parent/Guardian's Signatura							
Parent/Guardian's Signature							Date

DATE RECEIVED: ___

ELIGIBILITY#