



**Un Mundo De Amigos Preschool  
ENROLLMENT APPLICATION**

**Application Instructions:**

Complete the following forms: (attached)

- Include names and date of birth (DOB) of all your children in the household.
- Financial Report with complete employment information (if applicable).
- Provide an original most recent paycheck stub(s) for a period of one month (copies will be made).

Provide a driver's license or other official ID with your photo on it (copies will be made).

Upon completion and review of the application and supporting documents, your child will be eligible for care at the location you have requested (subject to space availability).

**Eligibility Requirements:**

Parent(s) must provide documentation of full-time work, full-time school or training program enrollment, a combination of work and school, medically incapacitated, homelessness, or looking for work.

Provide original paycheck stubs and/or documentation of registration for school or training program.

**Select a location:**

<input type="checkbox"/>	<b>UMDA</b> 1480 Long Beach Blvd. Long Beach, CA 90813	(562) 591-3666
<input type="checkbox"/>	<b>FCCLB</b> 241 Cedar Avenue, Long Beach, CA 90802	(562) 436-2256 x 7

**Where did you hear about Un Mundo de Amigos Preschool?**

- [ ] Magazine/Newspaper (please specify)\_\_\_\_\_
- [ ] Online (please specify) \_\_\_\_\_
- [ ] Friend/Family (please specify)\_\_\_\_\_
- [ ] Driving by (please specify location) \_\_\_\_\_
- [ ] Other (please specify)\_\_\_\_\_

**Application**

Name of Parent or Guardian #1: _____	
Home Address: _____	
City, State & Zip code: _____	
Home Phone: _____	Work Phone: _____
Mobile Phone: _____	Email: _____

  

Name of Parent or Guardian #2: _____	
Address (if different from above): _____	
City, State & Zip code: _____	
Home Phone: _____	Work Phone: _____
Mobile Phone: _____	Email: _____

Single Parent Household: \_\_\_\_\_ Two Parent Household: \_\_\_\_\_

Name(s) of other adult(s) in the household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_

**Children Living at Home:**

First and Last Name	Birth Date	Child needs Care (check if "YES")	Date Care is Needed	Foster Child (check if "YES")	Foster Amount (monthly)
1.	/ /		/ /		\$
2.	/ /		/ /		\$
3.	/ /		/ /		\$
4.	/ /		/ /		\$
5.	/ /		/ /		\$
6.	/ /		/ /		\$

(continued on next page)

**Tuition Payment Type:**

How will you be paying your child(ren)'s tuition?

[ ] I will be paying the full tuition.

[ ] I am requesting State Funds.

[ ] I have payment through Children's Home Society or other agency.

[ ] Other (please specify)

**Child(ren) with Special Needs (check if “YES”):**

	Limited English	Child Protective Services	Severely Handicapped	Does child have an IEP, IFSP, or receive services through Regional Center or School District?
Child #_____	[    ]	[    ]	[    ]	[    ]
Child #_____	[    ]	[    ]	[    ]	[    ]
Child #_____	[    ]	[    ]	[    ]	[    ]

[illegible]

For official use only:

### Subsequent Contacts

Admission interview date: \_\_\_\_\_ time: \_\_\_\_\_

One hour visit following: ☐ Yes ☐ No

## **Financial Report**

### **Employment Information:**

**Parent/Guardian #1** Company/Employer: \_\_\_\_\_

Work/Training Institution Address: \_\_\_\_\_

City, State & Zip code: \_\_\_\_\_

Department/Position/Major: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours of work/training: \_\_\_\_\_ to \_\_\_\_\_

How often are you paid?

☐ weekly ☐ monthly  
☐ every other week ☐ twice a month

**Parent/Guardian #2** Company/Employer: \_\_\_\_\_

Work/Training Institution Address: \_\_\_\_\_

City, State & Zip code: \_\_\_\_\_

Department/Position/Major: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours of work/training: \_\_\_\_\_ to \_\_\_\_\_

How often are you paid?

☐ weekly ☐ monthly  
☐ every other week ☐ twice a month

### **Sources of Family Income:** (check all that apply including the amount)

☐ Work/Employment \$ \_\_\_\_\_ ☐ Sales/Commission/Tips \$ \_\_\_\_\_

☐ Child Support \$ \_\_\_\_\_ ☐ Alimony \$ \_\_\_\_\_

☐ CALWORKS \$ \_\_\_\_\_ ☐ State Disability \$ \_\_\_\_\_

☐ Unemployment Benefits \$ \_\_\_\_\_ ☐ Service Allotment \$ \_\_\_\_\_

☐ Social Security \$ \_\_\_\_\_ ☐ Workman's Compensation \$ \_\_\_\_\_

☐ Other \$ \_\_\_\_\_

**Attach a copy of your latest pay and other check stubs for a period of one month.**

### **Please read and sign:**

- A new financial report and an updated emergency information form are required every 6 months or whenever there is a change.
- You are responsible for reporting any change in income, employment, or family status. Failure to do so may result in your child being discontinued.
- Your child may be excluded from attendance at the Un Mundo de Amigos Preschool if you do not provide this information promptly upon request.

I hereby certify that all of the above information is true and correct.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

