



Desert Preschool Academy Intake Screening Application

Date of Application _____ Rank _____

Child Information Name: _____ DOB _____ Gender _____ Foster Child: Yes or No

Contact Information

Parent or Guardian #1 Name: First _____ Middle Initial ____ Last _____ D.O.B ____/____/____

Address _____ Apt# _____ City _____ Zip Code _____

Home Phone (____) _____ Other daytime phone (____) _____ Email address _____

Employer/ School Name _____ Work/ School Zip _____ Work /Cell (____) _____

Parent or Guardian #2 Name: First _____ Middle Initial ____ Last _____ D.O.B. ____/____/____

Address _____ Apt# _____ City _____ Zip Code _____

Employer/ School Name _____ Work/ School Zip _____ Work/Cell (____) _____

#1 Employment/ School Hours (Circle all that apply): Mon Tue Wed Thu Fri Sat Sun From: To: Single Parent Yes NO

#2 Employment/ School Hours (Circle all that apply): Mon Tue Wed Thu Fri Sat Sun From: To:

Need for Child Care: (please check all that apply for each parent or guardian)

Working Incapacitated/Disabled Seeking Employment Homeless School/ Training Migrant Worker

Parent/ Guardian #1

Parent/ Guardian #2

Calworks/CalFresh Recipient: Yes No If Yes: Case# _____

Special Needs: Limited English CPS IEP/ IFSP Severely Handicapped Ongoing Health Problem Developmental Delays

Preferred Location: Indio Mecca LaQuinta Thermal Moreno Valley



Income Sources (Total dollar amount from all sources before taxes and deductions)

Parent/ Guardian #1

Monthly Wages: _____ Child Support: _____ Unemployment: _____ SSI: _____ Self Employed: _____ Cal Works: _____ Other: _____

Parent/ Guardian #2

Monthly Wages: _____ Child Support: _____ Unemployment: _____ SSI: _____ Self Employed: _____ Cal Works: _____ Other: _____

Please list all your children ages 2-5 yrs. old needing care

Family Size: _____ Total Countable Income: _____

Please list child(ren) <u>Needing</u> services			Date of Birth	Gender	Foster Child	Please list child(ren) <u>Not</u> Needing care & DOB
Fist Name	Middle Initial	Last Name				

Care Needed: (check all that apply) Full Day Part Day
 Language Spoken _____

Ethnicity: _____ Race: _____

Parent/ Guardian #1 Name: _____ Parent/ Guardian #2 Signature: _____ Date: _____

Parent/ Guardian #2 Name: _____ Parent/ Guardian #2 Signature: _____ Date: _____

Authorized Agency Representative Name: _____ Authorized Agency Representative Signature: _____

Date _____