



YMCA OF THE CENTRAL BAY AREA – EARLY CHILDHOOD SERVICES
HEAD START • EARLY HEAD START • STATE PRESCHOOL • CHILD DEVELOPMENT
2009 10th Street • Berkeley • CA • 94710
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WAITLIST APPLICATION

Waitlist Application

Parent/Guardian Information

A. Parent/Guardian name: _____ Relationship to child: _____
Last, First

Address: _____
Street City State Zip Code

Phone number: (____) _____ - _____ Alternate number: (____) _____ - _____

Email: _____ Lives with child: Yes No

B. Parent/Guardian name: _____ Relationship to child: _____
Last, First

Address: _____
Street City State Zip Code

Phone number: (____) _____ - _____ Alternate number: (____) _____ - _____

Email: _____ Lives with child: Yes No

Family Size

Single parent family? Yes No

Total number of adults and children living in the home including unborn children: _____

Children in the Family

Child name: _____ Birth/Due date: ____/____/____
 Gender: Male Female Unknown **Applicant?** Yes No

Child name: _____ Birth/Due date: ____/____/____
 Gender: Male Female Unknown **Applicant?** Yes No

Child name: _____ Birth/Due date: ____/____/____
 Gender: Male Female Unknown **Applicant?** Yes No

Do any of your children have special needs? If yes, explain: _____

Income Information

All income must be for the previous month. If your family is offered enrollment, you will be required to submit current income documentation at your enrollment appointment. Please update this information when and if it changes by contacting our enrollment department.

	<u>Parent A</u>	<u>Parent B</u>
Wages (monthly gross, meaning before taxes):	_____	_____
Cash aid:	_____	_____
SSI/SSA:	_____	_____
Child support/Alimony:	_____	_____
Unemployment:	_____	_____
Financial aid:	_____	_____
Other:	_____	_____
Total (for internal use only):	_____	_____

Need For Care

You are not required to have a need in order to apply for the HS/EHS program (only).

<u>Parent A</u>	<u>Parent B</u>
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
In School/Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	In School/Training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seeking Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seeking Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Incapacitated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incapacitated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Waitlist Points

1. Active CPS case? Yes No
2. Homeless or unstable living arrangement? Yes No
3. Foster care? Yes No
4. Any child currently enrolled in our program? Yes No (Child name: _____)
5. Receiving cash aid or SSI/SSA? Yes No
6. Does your child have an IEP/IFSP? Yes No
7. Domestic abuse/violence victim? Yes No
8. Incarcerated Parent? Yes No
9. Black Infant Health participant? Yes No
10. Parent diagnosed with disability? Yes No
11. Mental health agency referral? Yes No
12. Other risk factors (specify): _____

Center Preference

Choice 1	Choice 2	Choice 3
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Waiting List Agreement

I have answered the above questions truthfully to the best of my ability. I understand that documentation of need, income and family size must be submitted if I am selected to enroll in this program and I may be found ineligible based upon submitted documentation. I understand that it is my responsibility to notify YMCA CBA of any changes to the information above.

Signature of Parent/Guardian

____/____/____
Date