



AGENCY USE ONLY: Date Received Rank # 2022-23 2023-2024

Huntington Beach City School District - State Preschool Program Eligibility Form

Complete one form for each child. This is a preliminary form. It does not guarantee your child's placement in the program. Eligibility is based on family size and gross monthly income guidelines set by the State of California...

Please return this completed form one of the following ways:

- Mail to HBCSD State Preschool, 8750 Dorsett Dr. HB CA 92646
• Email as an attachment to preschoolacademy@hbcasd.us

Student's full name:

First Middle Last

Gender: M F

Date of Birth: (MMDDYYYY)

Student's address:

Address City Zip Code

Language: (check all that apply)

Student's Language English Spanish Other
Parent/Guardian Language English Spanish Other

Household: Single parent/guardian family Two parent/guardian family Foster Child

Parent/Guardian #1 full name:

Lives with student? Yes No Date of Birth (MMDDYYYY):

Address:

Address City Zip Code

Email:

Phone#:

Parent/Guardian #2 full name:

Lives with student? Yes No Date of Birth (MMDDYYYY):

Address:

Address City Zip Code

Email:

Phone#:

Household Size: (including tax filer, spouse, and all dependent children 18 year of age or younger which will be evidenced by original birth certificate for each dependent child.)

Number of adults living at home: Number of children under 18 living at home:

Gross monthly income: (before taxes - evidenced by recent 4 weeks of paystubs) \$

Other income sources: Indicate amount received monthly for each of the following that apply:

Unemployment \$ Child Support \$ Spousal Support \$
Foster parent \$ Food Stamps \$ Cash Aide/TANF/Cal Works \$

I certify under penalty of perjury that the information I have provided is true and accurate. I understand that any fraudulent, incomplete, deceitful or misleading information provided to the HBCSD regarding status of income, family size, employment, or seeking employment during initial or ongoing eligibility certification for preschool enrollment may be grounds for termination of my child in the HBCSD State Preschool Program.

Parent/Guardian Signature: Date:

Documentation to be collected during a future intake meeting, copied and returned to parent/guardian

# Help us to get to know your child!

Your child's health history is important to provide the best possible care. If there is a health/ developmental condition which may affect your child's ability to participate, it is your responsibility to notify the HBCSD Early Childhood Education Office. We customize our program based on the needs of the children and our program. The Early Childhood Education Office will review each enrollment on a case-by-case basis to ensure the child's needs can be met at the time of admission and throughout the child's attendance in the Preschool Academy Program. Your responses will assist us as we plan for 2022-23.

Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

## Does your child...

1. Have any allergies? Yes No If yes, please describe:  
Is it a life threatening allergy? Yes No If yes, please describe:
  
  2. Take any medication (prescription, over the counter)? Yes No If yes, please describe:
  
  3. Have any medical conditions? Yes No If yes, circle all that apply:
    - Epilepsy / Seizure
    - ADD/ADHD
    - Asthma
    - Diabetes
    - Known hearing loss
    - Wears glasses
    - Others? (Please describe)
    - Physical Conditions-
    - Gross motor
    - Fine motor
  
  4. Have an Individual Education Plan (IEP)? Yes No  
If yes, please provide a copy.
  
  5. Have a 504 plan? Yes No  
If yes, please provide a copy.
- Currently or previously receive any support/services? Yes No If yes, circle all that apply:
- Social skills
  - Speech and language
  - Physical therapy (PT)
  - Occupational therapy (OT)
  - Behavior support
  - Regional Center support
  - Others services? (Please describe)

*I verify that this information is current and complete. I give permission for the Early Childhood Education Office to disclose this information with HBCSD staff on an as needed basis while enrolled in the Preschool Academy Program.*

Name of person completing the form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_