



2020/2021

Fountain Valley School District
Child Care Programs Office
9625 Warner Ave. Fountain Valley 92708 714-962-4099
State Preschool Eligibility Questionnaire

2020/2021

Note: This is a preliminary application. It does not guarantee your child's placement in the program.

FAMILY INFORMATION

Child's First, Last Name: _____ Date of Birth: _____ Returning Student? []
[] Male [] Female
Father's First, Last Name: _____ Father's Phone #: _____
Mother's First, Last Name: _____ Mother's Phone #: _____
Home Phone#: _____ E-Mail: _____
Address: _____ Zip Code _____

[] Single Parent [] Two Parent Family

OTHER CHILDREN LIVING IN YOUR HOME AND UNDER YOUR CARE

Table with 4 columns: Last Name, First Name, Date of Birth, School Attending. Multiple empty rows for data entry.

INCOME: PROOF OF INCOME MUST BE SUBMITTED DURING THE APPLICATION PROCESS

Father's Gross Income

Table for Father's Gross Income with columns: Company Name, Receives Payment (Weekly, Monthly, Every 2 Weeks, Twice-Monthly), Amount paid per pay period, Cash/Check.

Mother's Gross Income

Table for Mother's Gross Income with columns: Company Name, Receives Payment (Weekly, Monthly, Every 2 Weeks, Twice-Monthly), Amount paid per pay period, Cash/Check.

Please check all that you receive:

[] Unemployed/Disability [] TANF/CalWORKs/Cash Aide [] Food Stamps [] None
[] Child Support \$ _____ [] Spousal Support \$ _____ [] Other _____

Parent/Guardian Signature: _____ Date: _____

For Agency Use Only. Do not write below this line.

Family Size: _____ Monthly Gross Income: _____

FVSD Boundaries (circle one): YES NO Ranking #: _____ Age: _____