



2023/2024

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

2023/2024

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: \_\_\_\_\_