BEANSTALK ELIGIBILITY WAITLING LIST FORM RANK _____

A. ADULT INFORMATION (please fill out form completely: include each Parent/Guardian living in the home)

_____ **FAMILY SIZE** _____ **SINGLE PARENT FAMILY**

☐ **Parent** ☐ **Guardian** **1 Name** _____

☐ **Parent** ☐ **Guardian** **2 Name** _____

Address _____

City _____ Zip

Phone

Home #	**Work / School #**	**Message / Cell#**

1 ☐ **Employed** ☐ **School/Training** ☐ **Seek Work** ☐ **CPS** _____ ☐ **Incapacitated**

2 ☐ **Employed** ☐ **School/Training** ☐ **Seek Work** ☐ **Referral** _____ ☐ **Incapacitated**

	Name & Zip Code of Employer or School or Training		**Days Needed** S	M	T	W	Th	F	Sa	**Hours Needed**
1			☐	☐	☐	☐	☐	☐	☐	
2			☐	☐	☐	☐	☐	☐	☐	

B. INCOME PER MONTH (Include all sources BEFORE TAXES AND DEDUCTIONS):

				TOTAL
☐ **Employment Salary / Wages**	**1**	**2**		$0.00
☐ **Unemployment Benefits**	**1**	**2**		$0.00
☐ **Foster Grant**	**1**	**2**		$0.00
☐ **CalWorks / Cash Aid**	**1**	**2**		$0.00
☐ **Child / Spousal Support**	**1**	**2**		$0.00
☐ **SSI / SSA**	**1**	**2**		$0.00
☐ **Other:** _____	**1**	**2**		$0.00
		TOTAL FAMILY INCOME	=	$0.00

C. CHILD INFORMATION (Please include all children in the home: use another page if necessary):

Name	Birthday	Age	School	Gr	**Attending School & Grade** Y	N	**Care Needed?**	**# of Hours Needed**
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

D. PREVIOUSLY ENROLLED AT BEANSTALK? **No** ☐ **Yes** ☐ **When?** _____

E. PLEASE CHECK BELOW THE PROGRAM YOU PREFER OR WHICH BEST SUITS YOUR NEEDS:

CHILDCARE HOMES	**BEFORE / AFTER SCHOOL-AGE**	**3 HOUR STATE PRESCHOOL**	
☐ **North Area**	☐ **North Highlands**	☐ **Ridgepoint**	☐ **Regency Park**
☐ **South Area**	☐ **American Lakes**	☐ **Jefferson**	☐ **North Highlands**
☐ **Central Area**	☐ **Jefferson**	☐ **Natomas**	☐ **Dry Creek**
		☐ **Crest Dr**	☐ **Orchard**

I AFFIRM THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ _____

PARENT / GUARDIAN SIGNATURE **DATE**