

## ELIGIBILITY / WAITING LIST FOR Exeter Unified State Preschool

**PRIORITY RANK**

Site: **Lincoln State Preschool**

TO BE COMPLETED BY PARENT / CARETAKER		GROSS MONTHLY INCOME
Child Name:		(BEFORE taxes) Include child support, cash aid and any other income received
Parent A.	Relationship:	\$
Parent B.	Relationship:	\$
<input type="checkbox"/> I am a single parent/caretaker		
<input type="checkbox"/> I am a state-certified caregiver and can provide proof		<b>*TOTAL FAMILY INCOME*:</b>
Referred by <input type="checkbox"/> CSP <input type="checkbox"/> Other _____ (Please attach referral letter)		\$
Address:		
Phone Number: Home/Cell:		Work:
Email:		
CHILDREN NEEDING SERVICES		DATE OF BIRTH
Child Name:		
Child Name:		
Number of other children in the family under age 18: _____		<b>TOTAL FAMILY SIZE:</b>
<p><i>I am requesting preschool services for the child(ren) listed above. In order to remain on the waiting list, I understand that it is my responsibility to update this information at least once every six months or as changes occur. I understand that enrollment at this location is based on space availability, enrollment priority and priority rank. When notified that space is available, I understand that EUSD preschool staff will verify all information on this form to make sure my child is eligible before he/she can be enrolled.</i></p>		
Parent Name	Signature of Parent	Date

FOR EUSD USE ONLY	
Date Received by EUSD Preschool:	Date Child Enrolled:
Date(s) Updated:	Date Removed from List:
CSPP Part Day Enrollment Priority	
<b>1<sup>st</sup> priority:</b> <input type="checkbox"/> Child Protective Services or At-Risk	<b>3<sup>rd</sup> priority:</b> <input type="checkbox"/> Four-year-old child in a family whose income is no more than 15% over the income limit
<b>2<sup>nd</sup> priority:</b> <input type="checkbox"/> Four-year-old child in an income eligible family	<b>4<sup>th</sup> priority:</b> <input type="checkbox"/> Three-year-old child in an income eligible family

<b>COMMENTS:</b>
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