



CCOE - Children's Services Child Care and Preschool Application

345 5th Street, Colusa, CA 95932

Ph: (530) 458-0350

Fax: (530) 458-0310

| PARENT A | PARENT B |
|---|---|
| NAME: _____ | NAME: _____ |
| DOB: _____ Primary Lang: _____ Bi-Lingual? _____ | DOB: _____ Primary Lang: _____ Bi-lingual? _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| Physical Address: _____ | Physical Address: _____ |
| City: _____ Zip Code: _____ | City: _____ Zip Code: _____ |
| Home/Cell Number: _____ | Home/Cell Number: _____ |
| <input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single | <input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single |
| Relationship to child: _____ <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Training <input type="checkbox"/> Encarcerated | Relationship to child: _____ <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Training <input type="checkbox"/> Encarcerated |
| <input type="checkbox"/> Ame. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hisp./Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other | <input type="checkbox"/> Ame. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hisp./Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other |
| Level of Education: _____ | Level of Education: _____ |
| Work and/or School Information | Work and/or School Information |
| Employer/ School Name: _____ | Employer/ School Name: _____ |
| Employer Address: _____ | Employer Address: _____ |
| City: _____ Zip Code: _____ | City: _____ Zip Code: _____ |
| Phone: _____ | Phone: _____ |
| Hours: From: _____ To: _____ | Hours: From: _____ To: _____ |
| Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer receiving CalWORKs cash aid, date last received: _____ | |
| Other adults living in the home (if counted in the family size, income must be included): | |
| NAME: _____ DOB: _____ Relationship to Child: _____ | |
| NAME: _____ DOB: _____ Relationship to Child: _____ | |
| List zip code(s) where you prefer to have child care: _____ | |
| How did applicant hear about our services? | |