



**Merced County Community Action Agency
Preschool Programs
DELHI WAITING LIST APPLICATION**

Name of Child: Date of Birth:

Parent Name:

Address: City: Zip:

Home Phone: Cell Phone: Wk Phone:

Requesting (mark one): full-day part-day

Family Size: Number of adults in family
 Number of children in family
 Total family size

Eligibility: Gross monthly income before taxes and deductions (proof of income will be required for the month prior to enrollment)

Parent 1

Parent 2

Employment		
Child Support		
Cash Assistance		
Social Security		
Spousal Support		
Unemployment		
Other		
Total Income	\$	\$

For full-day only:

Reason for Needing Care: (documentation will be required prior to enrollment for each need category)

Parent 1

Parent 2

Child Protective Service Referral		
Working		
Seeking Employment		
Attending Vocational Training		
Homeless		
Incapacitated		
CalWorks Recipient In A Welfare To Work Program		

Date of Application:

**Deliver To: Delhi State Preschool
16249 Delhi Avenue, Delhi, CA 95315
or fax to (209) 664-1290**