



**Merced County Community Action Agency  
Preschool Programs  
LOS BANOS 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		
<b>Total Income</b>	\$	\$

**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: Los Banos Child Development  
1624 San Luis Street, Los Banos, CA 93635  
or fax to (209) 826-2934**