



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

Name of Child: Date of Birth:

Parent Name:

Address: City: Zip:

Home Phone: Cell Phone: Wk Phone:

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

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 time 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 Progam		

Date of Application:

**Deliver To: Stevinson State Preschool
19977 W. Third Ave, Stevinson, CA 95374
or fax to (209) 669-8186**