

CA State Preschool Program (CSPP)

Registration Instructions

STEP 1: CHECK BIRTHDATE

Child must be 3 years old for enrollment

December 2, 2025 - December 1, 2026

(Birthdate would be December 2, 2022 - December 1, 2023)

Child must turn 4 years old between

December 2, 2025 - December 1, 2026

(Birthdate would be December 2, 2021 - December 1, 2022)



STEP 2: CHECK ELIGIBILITY- Based on ONE of the following:

Child Protective Services or Child Identified as At-Risk

Documentation Required: Written referral, dated within six months of application for services

Homelessness

Documentation Required: Written referral or self declaration that the family is homeless with a statement describing the family's living situation

Child with Exceptional Needs

Documentation Required: Copy of child's active Individualized Education Plan (IEP)

Currently Receiving Governmental Benefits

Documentation Required: Enrollment paperwork dated within the last year and Program Application, or self-declaration of income declared on the application. Examples: Medi-Cal, CalWorks, WIC, Head Start, CalFresh

Income Eligible

Documentation Required:

Regular Income- Monthly pay stubs (2) from previous 60 days (all parents/guardians)

Fluctuating Income- Last 12 months

Self-employed- Two current months profit/loss and most current income tax return including Schedule C

STEP 3: FAMILY APPOINTMENT

- Schedule an appointment **one week** from submission of application date and supporting documents online or by calling the school site.

STEP 4: DOCUMENTATION

- Collect/complete the additional documentation to be brought to family meeting:

California State Preschool Program Application

Proof of Residence

Birth Certificates for every child in the home

Child's immunization record

NOTE: Documentation Checklists include additional information to support required collection



Documentation Checklist (Page 1 of 2)

To ensure compliance with the requirements of our funder, California Department of Education, we must verify eligibility of each family participating in the Full-Day State Preschool Program. **Please submit** the following documents:

ELIGIBILITY VERIFICATION Documentation must be provided for **1** or more of these eligibility categories

Recipient of Child Protective Services or Child Identified as At-Risk

- Self-Certification of Income **AND**
- Referral Letter

Family Experiencing Homelessness

- Self-Certification of Income **AND**
- Referral Letter **OR**
- Parental Declaration of Homelessness

Child with Disabilities

- Self-Certification of Income **AND**
- Individual Family Services Plan (IFSP) **OR**
- Individualized Education Program (IEP)

Receiving Benefits from Governmental Program

CalWORKs , Medi-Cal, CalFresh, California Food Assistance, California Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Food Distribution Program on Indian Reservation, Head Start or Early Head Start.

- Enrollment Documentation (Example: Notice of Action | Receipt of Aid | Verification of Benefits) **AND**
- Copy of Governmental Program Application **OR**
- If not available, Self-Declaration of Income as declared on the program application

Income Eligibility

Guardian or Foster Parent(s):

- Documentation of Monthly Income (For child and their related siblings)

Biological or Adopted Parent(s):

- Authorization to Release Employment Information (if applicable) **AND**
- Parent Notification: Requirement to Report Income Over Threshold
- Documentation of Monthly Income (ALL sources for ALL parents in family)
 - Regular & Steady Income:** Total countable income from either month of the 2-month window immediately preceding certification
 - Fluctuating or Inconsistent Income:** Total countable income from 12 months immediately preceding certification

Documentation

Checklist (Page 2 of 2)

FAMILY SIZE and PRESCHOOL AGE VERIFICATION

At least 1 of the following documents must be provided for **ALL** children counted in family size:

- Birth Certificate or other live birth records
- Passport for Services from the county welfare department
- Adoption documents or Records of Foster Care placement
- Court orders regarding child custody or guardianship

RESIDENCY VERIFICATION

Proof that you live in the State of California:

- Any evidence of your street address or post office box dated within the past 30 days

NEED FOR SERVICES

All adults must meet at-least 1 need criteria. Documentation to establish need is as follows:

- Employment Verification
- Declaration of Self-Employment & Supporting documents
- Training Verification & Class Schedule
- Educational Program Verification & Class Schedule
- Request & Plan to Seek Employment
- Statement of Incapacity
- Request & Plan to Seek Permanent Housing
- CPS, At-Risk or Homelessness Referral Letter

OTHER DOCUMENTATION

The following miscellaneous documents are also required:

- Family Needs Request & Referral (to be completed at family appt.)
- Family Language & Interest Instrument (to be completed at family appt.)
- Court orders if they affect your childcare days/hours (If applicable)

CHILD CARE LICENSING DOCUMENTS | FORMS

If approved, ALL of the following documents/forms are required prior to first day of school:

- Copy of child's current immunization record
- Identification & Emergency Information
- Child's Preadmission Health History – Parent/Authorized Representative Report (LIC 702)
- Physician's Report (LIC 701)
- Notification of Parents' Rights (LIC 995)
- Personal Rights (LIC 613A)
- Consent for Emergency Medical Treatment (LIC 627)

Submitting Documents



PROCESS TO SUBMIT DOCUMENTATION:

- Submit completed application and supporting documentation via email or in person.

Email Application:

American Union (AU)

AUESregistration@wusd.ws

West Fresno Elementary (WFE)

WFESregistration@wusd.ws

In-person:

American Union (AU)

2801 W. Adams Ave. Fresno, 93706 (AU)

West Fresno Elementary (WFE)

2910 S. Ivy Ave. Fresno, 93706 (WFE)

- Schedule an appointment online or by calling the school site.

(559) 495-5650 AU

(559) 495-5615 WFE

washingtonunified.org/wusdpreschool/

NOTE: Carefully review checklist located at the beginning of this packet to ensure all required documentation is submitted. Incomplete packets will delay the enrollment process.

Thank you for your interest in our Full-Day State Preschool program.



**CALIFORNIA STATE PRESCHOOL
PROGRAM APPLICATION**

CONFIDENTIAL APPLICATION FOR CHILD DEVELOPMENT SERVICES AND CERTIFICATION OF ELIGIBILITY

CHILD INFORMATION					
Child's Legal Last Name		Legal First Name	Legal Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Is child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Spoken at Home	Language Spoken by Child		
Race/Ethnicity	Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child fully potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child nap? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any developmental or medical concerns for your child? If so, please explain.					
I. FAMILY INFORMATION		Are you a single parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving benefits from a Government Program? (i.e. CalWorks, Medi-Cal) <input type="checkbox"/> Yes <input type="checkbox"/> No		
A. Name of Parent/Guardian Last Name, First Name, M.I.		Phone Number	Email		
B. Name of Parent/Guardian Last Name, First Name, M.I.		Phone Number	Email		
Household Street Address, City			Zip Code	Extension	
II. FAMILY ELIGIBILITY AND ADJUSTED GROSS MONTHLY INCOME AND SIZE (Verification Required)					
A. Total Number of Family Members _____		B. Gross Monthly Income \$ _____ (Includes overtime, tips, commissions & child support)			
C. Income Sources (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Disability or Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other					
D. Family Eligibility (Check all that apply) <input type="checkbox"/> Income Eligible <input type="checkbox"/> Child has an active IEP <input type="checkbox"/> Receiving Government Benefits (MediCal, CalFresh, WIC, etc.) <input type="checkbox"/> Homeless <input type="checkbox"/> Child Protective Services / At Risk					
III. REASON FOR NEEDING SERVICES- Enter A or B on the line referring to parent/guardian listed in Section I					
<input type="checkbox"/> Employment _____ <input type="checkbox"/> Seeking employment _____ <input type="checkbox"/> Enrolled in training/school _____ <input type="checkbox"/> No need _____ <input type="checkbox"/> Incapacitated _____ <input type="checkbox"/> Seeking permanent housing _____ <input type="checkbox"/> Homelessness _____ <input type="checkbox"/> Children are recipients of CPS, or identified as being at risk _____					
IV. FAMILY SIZE- List ALL Children residing in the home counted in the family size who are under 18 years of age					
Last Name, First Name M.I.		Birth Date MM/DD/YY	Last Name, First Name M.I.		Birth Date MM/DD/YY
V. Certification and Signature of Parent/Guardian					
1. I understand that I am self-certifying as single status under penalty of perjury in Section 1 of this document when the single parent/guardian box has been checked.		4. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.			
2. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.		5. I understand that this certification is not completed until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.			
3. I understand that if the agency denies this application for services, I have the right to appeal.		6. I understand that I am certified as eligible to receive services and have met all eligibility and/or need requirements for not less than my 24-month certification period, at which point eligibility and/or need requirements shall be recertified.			
I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.					
Signature		Date	Relationship to Child		
Signature		Date	Relationship to Child		
VI. For Office Use Only (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)					
Eligibility Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied		Site:	First Date of Service:		
Signature of Authorized Representative		Title		Date	