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	☐ Male ☐ Female

Date of Birth	Is child Hispanic or Latino? ☐ Yes ☐ No	Language Spoken at Home	Language Spoken by Child
Race/Ethnicity	Does your child have an IEP? ☐ Yes ☐ No	Is your child fully potty trained? ☐ Yes ☐ No	Does your child nap? ☐ Yes ☐ No

Are there are any developmental or medical concerns for your child? If so, please explain.

I. FAMILY INFORMATION

Are you a single parent/guardian? ☐ Yes ☐ No

Are you receiving benefits from a Government Program? (i.e. CalWorks, Medi-Cal) ☐ Yes ☐ 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)
☐ Employment ☐ Self-Employment ☐ Disability or Unemployment ☐ Child Support ☐ Other

D. Family Eligibility (Check all that apply)
☐ Income Eligible ☐ Child has an active IEP ☐ Receiving Government Benefits (MediCal, CalFresh, WIC, etc.)
☐ Homeless ☐ 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

☐ Employment ____ ____ ☐ Seeking employment ____ ____ ☐ Enrolled in training/school ____ ____ ☐ No need ____ ____ ☐ Incapacitated ____ ____
☐ Seeking permanent housing ____ ____ ☐ Homelessness ____ ____ ☐ 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.
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.
3. I understand that if the agency denies this application for services, I have the right to appeal.
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.
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.
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: ☐ Accepted ☐ Denied Site: First Date of Service:

Signature of Authorized Representative	Title	Date

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____ . This Child Care Center/School provides a program which extends from _____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
☐ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.