



**Merced County Community Action Agency
Preschool Programs
MERCED 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	<input type="text"/>	<input type="text"/>
Child Support	<input type="text"/>	<input type="text"/>
Cash Assistance	<input type="text"/>	<input type="text"/>
Social Security	<input type="text"/>	<input type="text"/>
Spousal Support	<input type="text"/>	<input type="text"/>
Unemployment	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Total Income	\$ <input type="text"/>	\$ <input type="text"/>

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	<input type="text"/>	<input type="text"/>
Working	<input type="text"/>	<input type="text"/>
Seeking Employment	<input type="text"/>	<input type="text"/>
Attending Vocational Training	<input type="text"/>	<input type="text"/>
Homeless	<input type="text"/>	<input type="text"/>
Incapacitated	<input type="text"/>	<input type="text"/>
CalWorks Recipient In A Welfare To Work Progam	<input type="text"/>	<input type="text"/>

Date of Application:

**Deliver To: Merced Child Development
720 South Hwy 59, Merced, CA 95341
or fax to (209) 723-0777**