

Welcome to Hamilton High State Preschool

P.O. Box 488
290 Sixth Street (Hwy 32 & Los Robles)
Hamilton City, CA
826-0341

Feel free to stay awhile and
watch us “play”.

Decide if it is a fit for you,
your child, and your family.

Application for Hamilton High State Preschool

First parent/ Guardian (A):

First name: _____ Middle: _____ Last name: _____

Mailing Address: _____ City: _____ zip: _____

Home phone: _____ Work phone: _____

Cell Phone: _____

Marital status: Single ___ Married ___ Do you speak English? Yes ___ No ___

Second Parent/Guardian (B):

First name: _____ Middle: _____ Last name: _____

Mailing Address: _____ City: _____ zip: _____

Home phone: _____ Work phone: _____

Cell Phone: _____

Marital status: Single ___ Married ___ Do you speak English? Yes ___ No ___

Income Information:

Monthly income:	Parent (A)	Parent (B)
Gross earnings		
CalWORKS Cash Aid or TANF:		
Child Support (or child support paid out):		
Other: Social security, unemployment, disability		

Family TOTAL GROSS MONTLY Income: _____

Family Total ANNUAL Income: _____

Child Information: List ALL children in this family living in the home.

Full Name:	Birthday	Gender M/F	English speaking?	Disability/ Special need?	Relation? Natural parent, foster, guardian?

By signing, I declare that the above information is correct and true to the best of my knowledge and I will update the application with any changes in income, address, telephone, employment/training, and family size. I understand that, if after 1 year I do not update the application, it will be removed from the list.

Parent signature: _____ **Date:** _____