

INSTRUCTIONS:

Before you complete this document you must first:

- A. Save it to your computer or communication device, this includes removing it from your email.
- B. Complete the document.
- C. Return to Beanstalk in one of the following methods

Email: tglenn@beanstalk.ws

beanstalkcc@beanstalk.ws

Mail: Beanstalk
1771 Tribute Rd. Suite A
Sacramento, CA. 95815

Fax: (916) 344-2736

Failure to follow this procedure will result in a “BLANK” Document.

BEANSTALK ELIGIBILITY WAITING LIST FORM

RANK _____

A. ADULT INFORMATION (please fill out form completely: include each Parent/Guardian living in the home)

FAMILY SIZE

Parent 1 Last Name _____ First Name _____
 Guardian
 Parent 2 Last Name _____ First Name _____
 Guardian

Address _____ Apt# _____
 City _____ State CA. _____ Zip _____
 Phone _____
 Home # _____ Work / School # _____ Message / Cell# _____

1 Employed School Training Seek Work Incapacitated CPS Referral At Risk Referral
 2 Employed School Training Seek Work Incapacitated CPS Referral At Risk Referral

	Name of Employer or School	Zip Code	Days Needed							Work/School HOURS
			S	M	T	W	Th	F	S	
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. INCOME PER MONTH (Include all sources BEFORE TAXES AND DEDUCTIONS):

	1	2	TOTAL
<input type="checkbox"/> Employment Salary / Wages	_____	_____	_____
<input type="checkbox"/> Unemployment Benefits	_____	_____	_____
<input type="checkbox"/> Foster Grant	_____	_____	_____
<input type="checkbox"/> CalWorks / Cash Aid	_____	_____	_____
<input type="checkbox"/> Child / Spousal Support	_____	_____	_____
<input type="checkbox"/> SSI / SSA	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
TOTAL FAMILY INCOME =			_____

C. CHILD INFORMATION (Please include all children in the home: use another page if necessary):

Name Needed	Sex	Birthday	Age	School	Grade	Need Care?		Hrs. Needed
						Yes	No	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

WERE ANY OF THE CHILDREN LISTED ABOVE ENROLLED AT BEANSTALK? No Yes -- When? _____

D. Please check the program you prefer or which program will best suit your needs:
 Family Childcare Homes _____ OR STATE PRESCHOOL: _____

FAMILY CHILDCARE HOMES

AM Session ONLY

Jefferson
 Orchard

STATE PRESCHOOL for 3 and 4 year olds for 3 hours only

AM or PM Session

Crest Dr. (On Natomas Park Elementary)
 Dry Creek (Rio Linda) Regency Park
 Ridgepoint

I AFFIRM THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PARENT / GUARDIAN SIGNATURE

DATE

How did you hear about Beanstalk?