



Cari Marquez
President, Board of Directors

Melanie Santana
Executive Director

Received by:
Date:

MISSION CHILD CARE CONSORTIUM, INC.
4750 Mission Street, San Francisco, CA 94112
Tel: (415) 586-6139 Fax: (415) 586-2339

Non-Discrimination Policy VI Opportunity and Equal Education Access. The Mission Child Care Consortium, Inc. is an equal opportunity employer and does not discriminate against its services to anyone because of sex, sexual orientation, gender, ethnic group, identification, race, ancestry, national origin, religion, color, or mental or physical disability. The Mission Child Care Consortium, Inc. practices a policy of non-discrimination and affirmative action in employment and does not discriminate to qualified person because of sex, sexual orientation, gender, ethnic group, identification, race ancestry, national origin, religion, color or mental or physical disability.

PRE-REGISTRATION FORM FOR CHILD DEVELOPMENT PROGRAM

Date: _____

Child's Name: _____

Birth Date: _____ Sex: F M

Father's Name: _____

Home #: _____ Cellphone #: _____ Work #: _____

Email: _____ Occupation: _____

Mother's Name: _____

Home #: _____ Cellphone #: _____ Work #: _____

Email: _____ Occupation: _____

Marital Status:

Single Married Divorced Separated

Widow Not Married but living together

Home Address: _____

Did your child attend a prior preschool/Home Day Care?

Yes No If you marked yes, please name the school and explain:

Has your child received an IEP/IFSP Yes No

In Process If yes please provide documentation

Are you in Training or School? Yes No

Are you receiving Child Support? Yes No

Are you receiving Food Stamp or CalFresh? Yes No

Is your family under, CPS (Child Protective Services) or At Risk? Yes No

Are you currently on Incapacity or considered Incapacitated? Yes No

Is your family receiving AFDC, SSI or SSP?

Yes No Medical Number: _____



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If you are not working or going to school are you seeking employment? Yes No

Are you seeking permanent housing? Yes No

Father's Employer

Employer's Address

If employed, I receive income by: Company check, Cash, or Personal check (please check what applies to you).

Company Check Cash Personal Check

Mother's Employer

Employer's Address

If employed, I receive income by: Company check, Cash, or Personal check (please check what applies to you).

Company Check Cash Personal Check

Other children? Yes No

If yes, name/s, date/s of birth and School/s:

Name	Date of Birth	School

Other members of the household?

Yes No

Name	Relationship	Telephone



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ENROLLMENT AND ELIGIBILITY REQUIREMENTS CHECK LIST

NOTE: Due to the Hands-Free Policy, a child must be completely toilet-trained to be enrolled at the Mission Child Care Consortium Inc. A child needs to be able to assist him/herself in taking care of their toileting needs. Please attach a copy of the following

Yes No

- Your child and his/her siblings Birth Certificates
- Physician's Report Form and Most Updated Immunization Record
- Proof of Residency
- A Copy of any proof of Residency such as PG&E, Water, Cable TV, Garbage, Home Telephone, Lease Agreement

*Please see 4th page for further information on documents needed.

Father/Legal Guardian/Grandparent Signature

Date

Mother/Legal Guardian/Grandparent Signature

Date