



Waiting List Application

Directions: Fill out and return this application or visit https://www.kinderwait3.com/App/GoKids/KWClientAccess

FAMILY INFORMATION: Parent/Caretaker

Today's date: \_\_\_\_\_

FIRST PARENT/CARETAKER

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

OK to call at work?  No  Yes

Message/Pager/cell \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Best number to use:

Home phone  Work phone  Message/Pager

Best time to call: \_\_\_\_\_

Parent's Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Married

Do you speak English?  No  Yes

What is your primary language? \_\_\_\_\_

Total number of family member's \_\_\_\_\_

How did you hear about our program?  
\_\_\_\_\_

SECOND PARENT /CARETAKER

Is the 2<sup>nd</sup> parent of at least one child living at home?  
 No  Yes

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

OK to call at work?  No  Yes

Message/Pager/cell \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Best number to use:

Home phone  Work phone  Message/Pager

Best time to call: \_\_\_\_\_

Parent's Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Do you speak English?  No  Yes

What is your primary language? \_\_\_\_\_

FAMILY INFORMATION: Child Care Need Status

FIRST PARENT/CARETAKER

Are you employed?  No  Yes

Average number of hours per week: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From M T W TH F

To \_\_\_\_\_

In training or school?  No  Yes

School \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From M T W TH F

To \_\_\_\_\_

Seeking work?  No  Yes

Incapacitated?  No  Yes

Are you referred by a Child Protection Agency or is your

child at risk of abuse or neglect?  No  Yes

Are you currently participating in CalWORKs Welfare-

To-Work Plan?  No  Yes

Have you ever participated in CalWORKs Welfare-

To-Work Plan?  No  Yes

If **yes**, when was the last date you received aid

and/or a check? \_\_\_\_\_

SECOND PARENT/CARETAKER

Are you employed?  No  Yes

Average number of hours per week: \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From M T W TH F

To \_\_\_\_\_

In training or school?  No  Yes

School \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From M T W TH F

To \_\_\_\_\_

Seeking work?  No  Yes

Incapacitated?  No  Yes

Are you referred by a Child Protection Agency or is your

child at risk of abuse or neglect?  No  Yes

Are you currently participating in CalWORKs Welfare-

To-Work Plan?  No  Yes

Have you ever participated in CalWORKs Welfare-

To-Work Plan?  No  Yes

If **yes**, when was the last date you received aid

and/or a check? \_\_\_\_\_

**ELIGIBILITY APPLICATION  
INCOME INFORMATION**

**FIRST PARENT/CARETAKER** (Foster Parent, skip to Foster stipend)

Gross Monthly Wage:

\_\_\_\_\_ Received each month  
**or**

Gross Income from Latest 1040:  
\_\_\_\_\_ Received

CalWORKs Cash Aid:  
\_\_\_\_\_ Received each month

Child/Spousal Support Total Amount Received:  
\_\_\_\_\_ Received each month

Unemployment:  
\_\_\_\_\_ Received each month

Other Monthly Income:

Do you pay child support?  No  Yes  
\_\_\_\_\_ Paid each month

Are you currently receiving cash aid?  No  Yes

Have you ever received AFDC, TANF or CalWORKs cash aid?  No  Yes  
(This includes a one-time payment. Only include cash grant if you, the parent, are included)  
If yes, what was the date the aid ended or the one-time payment received? \_\_\_\_\_

Foster Stipend: \_\_\_\_\_

Did your family move in the last 24 months to look for or get an agricultural job?  No  Yes

If yes, what was the date you last moved? \_\_\_\_\_

Is more that 50% of your family's income from seasonal agricultural work?  No  Yes

**SECOND PARENT/CARETAKER** (Foster Parent, skip to Foster stipend)

Gross Monthly Wage:

\_\_\_\_\_ Received each month  
**or**

Gross Income from Latest 1040:  
\_\_\_\_\_ Received

CalWORKs Cash Aid:  
\_\_\_\_\_ Received each month

Child/Spousal Support Total Amount Received:  
\_\_\_\_\_ Received each month

Unemployment:  
\_\_\_\_\_ Received each month

Other Monthly Income:

Do you pay child support?  No  Yes  
\_\_\_\_\_ Paid each month

Are you currently receiving cash aid?  No  Yes

Have you ever received AFDC, TANF or CalWORKs cash aid?  No  Yes  
(This includes a one-time payment. Only include cash grant if you, the parent, are included)

If yes, what was the date the aid ended or the one-time payment received? \_\_\_\_\_

Foster Stipend: \_\_\_\_\_

**PREFERENCES: Please check all the programs that you are interested in**

Monterey County	San Benito County	Santa Clara County	Santa Cruz County
<input type="checkbox"/> Family Childcare Network	<input type="checkbox"/> Family Childcare Network	<input type="checkbox"/> Family Childcare Network	<input type="checkbox"/> Family Childcare Network
	<input type="checkbox"/> Alternative Payment Program	<input type="checkbox"/> Alternative Payment Program	<input type="checkbox"/> Alternative Payment Program
	<input type="checkbox"/> R.O. Hardin	<input type="checkbox"/> Gardner <input type="checkbox"/> Galarza-Hammer	
		<input type="checkbox"/> Paseo <input type="checkbox"/> Los Arroyos	
		<input type="checkbox"/> Ochoa <input type="checkbox"/> San Martin	

**ADDITIONAL PARENT COMMENTS**

Additional information or comments:

**DECLARATION**

- I declare under penalty of perjury that the above information is complete and true to the best of my knowledge.
- I understand my eligibility will be based upon information given here and that documentation will be required for enrollment.
- In order to remain active on the waiting list. I must update this application with any changes in employment, training, income, address, telephone, and family size.
- This application remains valid for 6 months. If, after 6 months, I do not update this application, it will be removed from the waiting list.
- I understand that my information may be shared with other agencies that offer preschool/childcare subsidies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Any fraudulent, false, or misleading information provided for the purpose of receiving state subsidized childcare regarding employment, income, status as a student, enrollment in a training program, family size, or eligibility to medical incapacitation may be grounds for denial of services and ineligibility of services for up to 6 months.**

**ELIGIBILITY INFORMATION  
CHILDREN'S INFORMATION (List all children under 18)**

---

**Child:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This Child Needs Childcare Services?  Yes

No Gender:  Male  Female

Primary Language: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Protective Services:  Yes  No

Exceptional Needs:  Yes  No

Sibling Enrolled:  Yes  No

If Yes, where?  
\_\_\_\_\_

Requested Childcare Schedule:

Full Time  Part Time  Evening  Weekend

**Child:**

Full

Name: \_\_\_\_\_

–

Date of Birth: \_\_\_\_\_

This Child Needs Childcare Services?  Yes

No Gender:  Male  Female

Primary Language: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Protective Services:  Yes  No

Exceptional Needs:  Yes  No

Sibling Enrolled:  Yes  No

If Yes, where?  
\_\_\_\_\_

Requested Childcare Schedule:

Full Time  Part Time  Evening  Weekend

**Child:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This Child Needs Childcare Services?  Yes

No Gender:  Male  Female

Primary Language: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Protective Services:  Yes  No

Exceptional Needs:  Yes  No

Sibling Enrolled:  Yes  No

If Yes, where?  
\_\_\_\_\_

Requested Childcare Schedule:

Full Time  Part Time  Evening  Weekend

**Child:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This Child Needs Childcare Services?  Yes

No Gender:  Male  Female

Primary Language: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Protective Services:  Yes  No

Exceptional Needs:  Yes  No

Sibling Enrolled:  Yes  No

If Yes, where?  
\_\_\_\_\_

Requested Childcare Schedule:

Full Time  Part Time  Evening  Weekend

---

**Please return this application by mail or in person to:**

**Go Kids Child Development Resource Center  
1101 San Felipe Road, Suite D  
Hollister, CA 95023  
(831) 637-9205**

**OFFICE USE ONLY**

---

Input Date: \_\_\_\_\_

By: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_