



Sacramento City Unified School District  
**Child Development Department**  
**Program Request Form**

Age Priority \_\_\_\_\_  
 Criteria/Ranking # \_\_\_\_\_

Please **fax** this form to one of the following registration centers:  
 Capital City CD Center, **433-2738** or Hiram Johnson Family Ed. Center, **277-6698**  
 For registration information, please call: Capital City CDC – **433-2736**; Hiram Johnson FEC – **277-7151**

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

New Student

How did you hear about us? \_\_\_\_\_

Transfer from: \_\_\_\_\_

**Program Requested**

**Early Head Start**

**Site Preference**

- Home Based
- Center Based

- Capital City
- American Legion
- Elder Creek
- Hiram Johnson

**Head Start/State Preschool**

- Part Day     AM     PM
- Wrap
- Full Day-Child Care
- Home Based

**Site Preference**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Enrollment Criteria (Mandatory Information)**

**Family Information**

1. Parent (or Student Parents') Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Parent (or Student Parents') Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ IEP/IFSP?  Yes  No Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Primary Language: \_\_\_\_\_

City: \_\_\_\_\_ CA Zip Code: \_\_\_\_\_ In District?  Yes  No

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Family Size:** \_\_\_\_\_ **Gross Income** (pay stubs, TANF, SSI, child support, etc.): \_\_\_\_\_

**Are you:**  working or  seeking employment  in school  parent incapacitated

**Early Head Start Only**

If pregnant, due date: \_\_\_\_\_ Adult Parent/Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Please list any special circumstances or history (i.e. educational needs, disabilities, family situations, emergency needs, health, IEP/IFSP, etc.) Please list any current services your family is receiving or ties to programs or agencies.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Receiving office use only:**

Request received on: \_\_\_\_\_ Given to CDS/Home Visitor on: \_\_\_\_\_ Name: \_\_\_\_\_

Follow-up:

\_\_\_\_\_  
 \_\_\_\_\_

- Head Start Qualified
- State Qualified
- Over Income
- 100 – 130%
- Foster Child
- Homeless
- CPS
- Special Needs