



Tehama County Department of Education

Richard DuVarney
Tehama County
Superintendent
of Schools

1135 Lincoln Street Red Bluff CA 96080 | 530.527.5811 | www.tehamaschools.org

State Preschools

Full Day Part Day Preferred Site: _____ Class: A.M. P.M.

Children's Information:

Child's Name: _____ Female Male

Birthdate: _____ Returning Student: Yes No

Does child have an Individual Education Plan (IEP)? Yes No

Are there any concerns you have related to your child's hearing, vision or learning?
 Yes No

Are immunizations current? Yes No

Does your child have any allergies or medical conditions we need to be aware of?
 Yes No If yes, please explain: _____

Family Information:

Parent's/Guardian's Name: _____

Address: _____ City: _____

Is this address a temporary living situation? Yes No

Phone Numbers: Home: _____ Cell: _____

Additional Cell: _____ Message Phone: _____

Permission to send reminders via text? Yes No E-mail: _____

Spanish speaking only? Yes No

Source of Income: Employment TANF SSI/SSP Other : _____

Gross (NOT take-home) monthly income: \$ _____ Family size? _____

Continued on next page



Tehama County Department of Education

Richard DuVarney
Tehama County
Superintendent
of Schools

1135 Lincoln Street Red Bluff CA 96080 | 530.527.5811 | www.tehamaschools.org

Additional children in the home under 18:

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

Name: _____ Age: _____ Relationship to child: _____

School Readiness supports families with children ages 0-5 who may not qualify for State Preschool due to income, age of the child or who are on the waitlist. Resources offered are monthly home visits, children socialization and more.

I give permission to the State Preschool Program to share my information with the School Readiness Program: Yes No Parent Initials: _____

Signature: _____ VIA Phone: _____ Date: _____

What will happen next? We will call you to set up an appointment time for you to come in and complete the enrollment for your child. Please note that we call in order of age and ranking. 4 year olds will be called first in the order of ranking 1-70 which is determined by income and family size.

Documents you will need to bring to your appointment:

- **Proof of address** (PG&E Bill, rental agreement, car registration, anything mailed to you, etc)
- **Immunization record for the child we are enrolling**
- **Birth certificates or proof of birth for all children in the home under 18** (Hospital card will work if parent's information is listed. For foster children, bring placement paperwork. Guardians can provide court documents proving guardianship.)
- **Proof of all income received in the 30 days prior to your appointment** (paycheck stubs, passport to services, disability letter, unemployment stubs, self-employment documentation, work/school schedule, etc.)
- **Proof of physical and dental exam. Must be provided within 30 days after your appointment, but bring if you have it.**

OFFICE USE ONLY:

Rank _____ School Site by District: _____

3 or 4 year old: _____ Date entered into database: _____

Sent to School Readiness: Yes No