



Preschool Application

Please Note: **Priority** goes to low-income CSU students

Date of Application _____

Number in Family _____

Application for admission Fall / Spring of _____ Anticipated graduation date: _____

Parent (guardian) Status CSUC Student Butte College Community

Do you receive the Pell Grant? Yes ___ No ___ (if unsure, please contact the Financial Aid & Scholarship Office at 530-898-6451 or go to <http://www.csuchico.edu/fa/index/shtml> for more information)

HOUSEHOLD GROSS MONTHLY INCOME (for both live-in parents) including:

Wages from employment, Child/Spousal Support, Unemployment, Worker's Comp.... \$ _____ per month
Proof of income will be required prior to enrollment)

Public Assistance, CalWorks, TANF, CalFresh Yes ___ No ___ \$ _____ per month
(CalFresh # _____)

Financial Aid, Grant, Scholarship (EXCLUDING LOANS) One Year \$ _____ or Semester \$ _____

CHILD'S NAME _____ **DATE OF BIRTH** _____ **Sex** _____

PARENT #1 _____ Occupation/College _____ _____
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PARENT #2 _____ Occupation/College _____ _____ Living in home with child? Yes ___ No ___

Siblings Living at Home:	Name	Sex	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any allergies, dietary restrictions and/or special needs your child may have and / or share additional information relevant to enrolling your child _____

PARENT SIGNATURE _____ PHONE# _____
 Address _____ EMAIL _____

Please notify office of changes to income, phone, email by calling 530-898-5865