

## **Documents for Enrollment**

| 1   |   |
|---|---|
| reques  | Thank you for your interest in enrolling your child(ren) at SJB Child Development Centers. To your child into our program, the following documents will be requested. Failure to bring the sted documents with you on your scheduled enrollment appointment may result in a cancellation r enrollment appointment.  |
|   | <b>Photo Identification</b> – with your current address. If the address on the identification is not current, you will also need to bring any document that has your name and current address. Handwritten addresses on an envelope is not acceptable.  |
|   | <b>Proof of family size</b> – documentation for all the children identified in the family (ex: birth certificates, birth notice, school or medical records, court document, etc)  |
|   | <b>Eligibility Documents</b> – Please bring at least one item that best fit your eligibility: If <u>two parent household</u> , please submit eligibility documents for each parent.   |
|   | <ul> <li>CPS/At-Risk (CPS/At-Risk Referral Form)</li> <li>Current Aid Recipient (Documentation from Department of Social Services)</li> <li>Income (at least 30 days of pay stubs, tax return, self-declaration, bank statements)</li> <li>Homeless (Self-declaration of Homeless Form)</li> <li>Current Verification of benefits for either Medi-Cal, SNAP/CalFresh, CalWorks, Head Start, Early Head Start</li> </ul>   |
|   | <ul> <li>Need Documents – Please bring at least one item that best fit your need(s):</li> <li><i>If two parent household, please submit need documents for each parent.</i></li> <li>CPS/At-Risk (CPS/At-Risk Referral Form)</li> <li>Parent Incapacitated (Statement of Parent/Guardian Incapacity Form)</li> <li>Seeking Housing (Seeking Permanent Housing Plan Form)</li> <li>Seeking Employment (Seeking Employment Form)</li> <li>School/Training (School or Training Verification Form and class schedule)</li> <li>Employment (Employment Schedule Verification Form or Self-Declaration of Income Form)</li> </ul> |
|   | Self-Employment (Self-Employment Verification Form)   |
| Immunization Record – only for the child that you would like to enroll into our program   |   |
| Physical Assessment and Dental Assessment ( <i>if completed</i> ) –Your child must have<br>completed a TB test or TB Risk Assessment completed by your doctor prior to your child's first<br>day of care. |   |