



Calistoga Preschool Assistance Fund

A partnership of Calistoga Rotary, Calistoga Family Center
and First 5 Napa County

Family Application



Preschool Child Information

Child Name: _____ Birth Date: _____
Last First M.I. Mo/Day/Year

Address: _____
Street Apt. City State Zip Code

Is child currently enrolled in preschool? Yes No Income: \$ _____ Per Month Per Year

Parent Information

Parent (1): _____ Phone: _____
Last First M.I.

Address: _____
Street Apt. City State Zip Code

Income: \$ _____ Per Month Per Year

Employer: _____
Business Name City, State

Parent (2): _____ Phone: _____
Last First M.I.

Address: _____
Street Apt. City State Zip Code

Income: \$ _____ Per Month Per Year

Employer: _____
Business Name City, State

Child's Household Information

Name	Relationship to Child	Income
		\$ _____ <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year
		\$ _____ <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year
		\$ _____ <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year

PLEASE ATTACH:

- ✓ Child's proof of age (birth certificate, medical insurance card)
- ✓ Income verification (Pay stub, unemployment stub, 2006 income tax return, child support order)

For CFC Staff Use Only

Date Application Received: _____ Preschool: _____
Date Reviewed: _____ Enrollment Date: _____
Awarded? Yes No Days: _____