



Los Angeles Unified School District  
Early Childhood Education Division

Nestle Avenue Preschool  
California State Preschool Program  
5060 Nestle Avenue  
Tarzana, CA 91356

Nestle Avenue Preschool is now enrolling students for  
The California State Preschool Program (CSPP)

First priority will be given to qualified students born from December 3<sup>rd</sup>, 2012  
through September 1<sup>st</sup>, 2013.

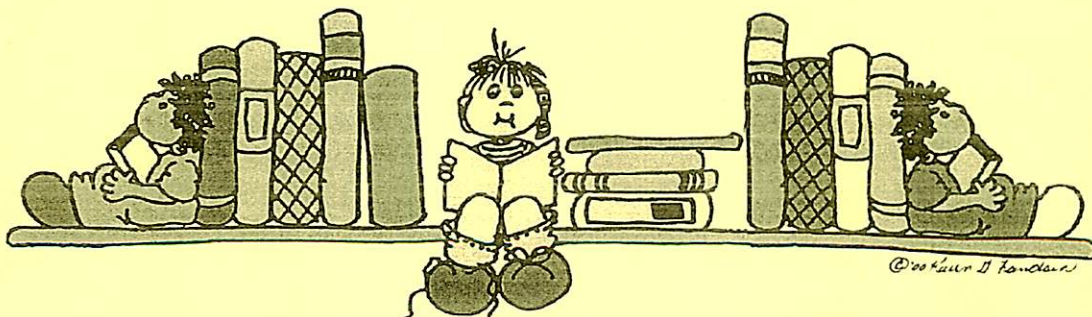
Second priority will be given to qualified students born from September 2<sup>nd</sup>, 2013  
through September 2<sup>nd</sup>, 2014.

This program is offered for three hours a day, five days a week,  
8:00-11:00 a.m. or 11:30-2:30 p.m.

Qualified families must complete an application and provide supporting  
documentation demonstrating income eligibility for the CSPP.

This program is **free to all qualifying participants.**

For more information please call (818) 342-6148 or come by our school office to  
pick-up an application to enroll your child today!







# WAITING LIST APPLICATION

LAUSD EARLY CHILDHOOD EDUCATION SERVICES

Nestle Avenue Preschool

CSPP Part-Day Program

5060 Nestle Ave., Tarzana CA 91356

Main: (818) 342-6148 FAX (818) 609-9864

SCHOOL YEAR 17-18

OFFICE USE ONLY

AGE

PRTY

RANK

ID# \_\_\_\_\_

TO BE COMPLETED BY PARENT / CARETAKER PLEASE PRINT CLEARLY			PLEASE COMPLETE FAMILY INCOME INFORMATION (BEFORE TAXES)	
1	A) PARENT: _____	RELATIONSHIP: _____	A) MONTHLY WORK INCOME	\$ _____
	B) PARENT: _____	RELATIONSHIP: _____	B) MONTHLY WORK INCOME	\$ _____
2	<input type="checkbox"/> Married <input type="checkbox"/> Living Together <input type="checkbox"/> Foster/Custody Family <input type="checkbox"/> Homeless <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Custody Orders <input type="checkbox"/> Restraining Orders		CHILD SUPPORT	\$ _____
			SPOUSAL SUPPORT	\$ _____
3	HOME ADDRESS: _____		CALWORKS(CASH AID)	\$ _____
	CITY: _____	ZIP CODE: _____	UNEMPLOYMENT AID	\$ _____
4	PHONE: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home ( _____ )		DISABILITY INSURANCE	\$ _____
	PHONE: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home ( _____ )		SOCIAL SECURITY/ SSI	\$ _____
	PHONE: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home ( _____ )		_____ OTHER INCOME	\$ _____
5	Do you receive payments from the following programs?		TOTAL MONTHLY FAMILY INCOME:	\$ _____
	CALFresh (Food Stamps) YES <input type="checkbox"/> NO <input type="checkbox"/> Unemployment? YES <input type="checkbox"/> NO <input type="checkbox"/> CALWorks (Cash Aid)        YES <input type="checkbox"/> NO <input type="checkbox"/> Disability Insur.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>CHILDREN NEEDING SERVICES</b>				
6	Child Name: _____		BIRTHDATE: _____	
	Child Name: _____		BIRTHDATE: _____	
7	Is your child(ren) Toilet Trained?        YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL FAMILY SIZE [       ]	
	Does your Child have an IEP?                YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Does your child(ren) have food allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>			
8	I am requesting early childhood education services for the child(ren) listed above. In order to remain on the waiting list, I understand that it is my responsibility to update this information at least once every six months or as changes occur. I understand that enrollment at this location is based on space availability, enrollment priority, and priority rank. When notified that space is available, I understand that LAUSD staff will verify all information on this form to make sure my child is eligible for service.			
	Parent Name		Signature of Parent	
	Date		Date	

FOR LAUSD USE ONLY	
Date Received by LAUSD: _____	Date Child Enrolled _____
Date(s) Updated: _____	Date removed from List _____
<b>CSPP PART DAY ENROLLMENT PRIORITY</b> <input type="checkbox"/> 1 <sup>ST</sup> CHILD PROTECTIVE SERVICES <input type="checkbox"/> 2 <sup>ND</sup> 4y/o INCOME ELIGIBLE <input type="checkbox"/> 3 <sup>RD</sup> 4y/o INCOME (15% OVER) <input type="checkbox"/> 4 <sup>TH</sup> 3y/o INCOME ELIGIBLE <input type="checkbox"/> FAMILY INCOME OVER 15% LIMIT	
COMMENTS	