

DATE RECEIVED: \_\_\_\_\_

PREFERRED START DATE: \_\_\_\_\_

## Application For Out of School Time (TK-5<sup>th</sup> Grade) Care

**TULE ELK PARK SCHOOL**

**2112 Greenwich St San Francisco, CA 94123**

**PHONE (415) 749-3551**

### I. FAMILY INFORMATION

Please Print (Use Pen)

Last Name

First Name

Mother/Guardian Name: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Number Street Apt. # S.F. City Zip (415) Telephone

### II. OUT OF SCHOOL TIME PROGRAM CHOICE (see reverse side programs and location)

List the OST Programs, in order of priority, that you are willing to send your child(ren) to:

### III. FAMILY STATUS

Total number of children in family UNDER 18? ☐ Single Parent Family? ☐ Two Parent Family? ☐

### IV. LIST ALL CHILDREN LIVING IN THE HOME (Place an "X" on those be enrolled in the Out of School Time Program):

Place "X" here	Name of Child	Birthdate	Name of Elementary School

### V. ELIGIBILITY INFORMATION

Mother/Guardian: ( ) Employed ( ) In School OR Training ( ) Seeking Work

Father/Guardian: ( ) Employed ( ) In School OR Training ( ) Seeking Work

Mother's Employer OR School: \_\_\_\_\_

Father's Employer Or School: \_\_\_\_\_

Is the Mother or Father INCAPACITATED? \_\_\_\_\_ WHICH ONE? \_\_\_\_\_ REASON: \_\_\_\_\_

### VI. INCOME: Monthly Family Income

A) TOTAL FAMILY GROSS INCOME PER MONTH: (before deductions): \$ \_\_\_\_\_

B) ALL OTHER SOURCES OF INCOME (INCLUDING Child Support, Alimony, Pension, Welfare Grant or Supplement AFDC, SSI, SSp, income from self-employment and any other forms of compensation) \$ \_\_\_\_\_

The information on this application is true and correct to the best of my knowledge

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**\*\*\*RETURN COMPLETED APPLICATION TO OST PROGRAM SITE\*\*\***