



Child Development Center Preliminary Application



Child Development Center

Operated by the Fresno County Superintendent of Schools, the **Lighthouse for Children Child Development Center (Center)** provides high-quality early learning experiences to prepare children for success. The Center provides children aged *6 weeks to 5 years* with the following:

- State of the art classrooms and a natural playground designed to maximize learning in indoors and out
- Nurturing, developmentally appropriate, hands-on learning
- A full-day, year-round, low teacher-child ratio program
- Educational experiences that promote exploration and self-discovery
- Language, cognition, gross and fine motor, social-emotional, and self-help skill development
- Skills to promote self-esteem

Our staff is committed to relationship-based, individualized care for each child enrolled, allowing each child to progress at his or her own pace. Our goal is to ensure all children have the opportunity to reach their full potential as they explore, learn, and grow. In addition, the Center offers specialized services and resources for parents and family members, including workshops and resource referral assistance.

The Center is committed to excellence and serves as an innovation laboratory model for child development and early childhood education programs, in partnership with First 5 Fresno County, Fresno Unified School District, and institutions of higher education.

The Lighthouse for Children is accepting families' preliminary applications for private pay families, State funded Preschool, and First 5 partial scholarships.

Child Development Center

Additional Information:

1. *Are you eligible to apply?* Our Center is open to children and families (regardless of developmental need) who are wanting to enroll in a full-day/full-week program.
2. *What is tuition?* See table below for information on Monthly Tuition:

Monthly Tuition	
Age Group	Full
Infant	\$1,229
Toddler	\$1,003
Preschool	\$752

3. *Are you interested in a First 5 partial scholarship?* For more information on the First 5 partial scholarship income eligibility and other requirements, please visit lcfresno.org/tuition/
4. *Are you interested in the California State Preschool Program?* The California State Preschool Program (CSPP) serves eligible three- and four-year-old children. Parents must be income-eligible as well as meet the need criteria. For more information log on to lcfresno.org/tuition/ **(See back page for Family Monthly Income table)**
5. *Where do I go for help?* Review our list of Frequently Asked Questions on our website (lcfresno.org). You can also contact Memi Chavez of Fresno County Superintendent of Schools at (559) 443-4832 or email at emchavez@fcoe.org.

Initial Certification Child Care and Development Program (CSPP)

Effective July 1, 2018, at initial certification, a family will be considered income eligible if that family's adjusted monthly income is at or below 70 percent of the SMI, adjusted for family size. The SMI to be used is that calculated by the DOF pursuant to *EC* Section 8263.1(c).

Schedule of Income Ceilings (70 percent SMI) for Initial Certification Child Care and Development Programs*

Family Size	Family Monthly Income	Family Yearly Income
1-2	\$4,173	\$50,077
3	\$4,502	\$54,027
4	\$5,256	\$63,083
5	\$6,098	\$73,177
6	\$6,939	\$83,270
7	\$7,096	\$85,163
8	\$7,254	\$87,055
9	\$7,412	\$88,948
10	\$7,570	\$90,840
11	\$7,727	\$92,733
12	\$7,885	\$94,625

How did you hear about us?

- Lighthouse for Children Website
- Parent Magazine
- Other: _____

HOUSEHOLD PARENT/GUARDIAN INFORMATION

1. Which would you like to apply for? Check all that applies

- Full Tuition:** *I plan to pay full tuition for a full-day program.*
- First 5 Fresno County Partial Scholarship:** *I am interested in applying for a partial scholarship. I understand that applying for the scholarship does not guarantee receipt.*
- CSPP:** *I am interested in applying for the low-income State subsidized preschool program. I understand that applying for the State subsidized care does not guarantee receipt.*

Please Print PARENT A

Last Name		First Name		Middle Name
Relationship to Child(ren): <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Foster Parent				Email
Home Address		Phone #		Cell Phone #
Employer(s)/Name of Company:	Work Site Address	Work Phone #	Annual Salary Before Taxes	

Please Print PARENT B

Last Name		First Name		Middle Name
Relationship to Child(ren): <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Foster Parent				Email
Home Address		Phone #		Cell Phone #
Employer(s)/Name of Company:	Work Site Address	Work Phone #	Annual Salary Before Taxes	

Marital Status (please select):
Single Married Divorced Separated Widow(er) Common Law Domestic Partner

Reason for Needing Services: Please CHECK all the reasons for needing care below

<input type="checkbox"/> Child referred for protective services because of neglect, abuse, exploitation, or risk thereof	<input type="checkbox"/> Education
<input type="checkbox"/> Parent/caretaker incapacitated because of medical or psychiatric special needs	<input type="checkbox"/> Actively seeking employment
<input type="checkbox"/> Working	<input type="checkbox"/> Seeking permanent housing
<input type="checkbox"/> Other (please describe):	

CHILD INFORMATIONPlease list all children in the family

Child 1	Last Name	First Name	Middle Name	Check box if childcare needed <input type="checkbox"/>
Birthdate	Gender	<input type="radio"/> Male <input type="radio"/> Female	Is the child a Foster Child? <input type="radio"/> Yes <input type="radio"/> No	
Does the child have exceptional needs? <input type="radio"/> No <input type="radio"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list below:				
Child 2	Last Name	First Name	Middle Name	Check box if childcare needed <input type="checkbox"/>
Birthdate	Gender	<input type="radio"/> Male <input type="radio"/> Female	Is the child a Foster Child? <input type="radio"/> Yes <input type="radio"/> No	
Does the child have exceptional needs? <input type="radio"/> No <input type="radio"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list below:				
Child 3	Last Name	First Name	Middle Name	Check box if childcare needed <input type="checkbox"/>
Birthdate	Gender	<input type="radio"/> Male <input type="radio"/> Female	Is the child a Foster Child? <input type="radio"/> Yes <input type="radio"/> No	
Does the child have exceptional needs? <input type="radio"/> No <input type="radio"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list below:				
Child 4	Last Name	First Name	Middle Name	Check box if childcare needed <input type="checkbox"/>
Birthdate	Gender	<input type="radio"/> Male <input type="radio"/> Female	Is the child a Foster Child? <input type="radio"/> Yes <input type="radio"/> No	
Does the child have exceptional needs? <input type="radio"/> No <input type="radio"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> Other, please list below:				

FAMILY INFORMATION

Address where children listed above reside (P.O. Box not acceptable)	Language Spoken in Home:	Family Income before Taxes:
<p>*What is your Family Size? "Family" means the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. When a child and his/her siblings are living in a family that does not include their biological or adoptive parent, "family" shall be considered the child and related siblings.</p>		

SIGNATURE

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this questionnaire is true, correct, and complete. I understand that during the verification process, if my information is discovered to be inaccurate, it could lead to the loss of my child care slot. I also understand that all personal information will be maintained with strict confidentiality.

Parent Name: _____ Date: _____
Please Print

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Date Notice Sent: _____ Funding Type: Full Tuition F5 Partial Scholarship CSPP

Date Re-Reviewed: _____ Date Re-Reviewed: _____