



Redwood City Child Development Program

2600 Middlefield Road | Redwood City, CA 94063
Telephone (650)780-7520

Date of Application: _____

*How did you hear about us? _____

Please Check Box: Currently enrolled in a Title V Program ☐
Child with Disability ☐
Second Language ☐
(Complete Part A)

A) Name of parent/ guardian:

Last _____

First _____

B) Name of parent/ guardian:

Last _____

First _____

Home Address:

Street _____

City, ZIP Code _____

Telephone:

(A) Mobile: _____ (B) Mobile: _____

(A) Work: _____ (B) Work: _____

Need:

Reason for needing services (Ex. Employment, attending school, looking for employment, disability, homelessness, etc):

Monthly Income Received:

(A) Income from Working _____ (B) Income from Working _____

Child Support _____ Child Support _____

Other or No Income _____ Other or No Income _____
(Please declare amount or describe) (Please declare amount or describe)

Child/Children applying for:

Name: 1) _____ 2) _____ 3) _____ 4) _____

Birthdate: _____

Family Size: _____
(All children under the age of 18)

Part A: Family Language Assessment

1. Which language(s) does your child hear at home?

2. Which language(s) does your child hear in their neighborhood and community?

3. Which language(s) does your child understand?

4. Which language(s) does your child speak?

Office Use Only

Rank: _____