# 👫 Н U В В Е

# How to Complete a Family Application

Hello parents! This instruction sheet explains the family application process through *Hubbe*. The application is submitted to the agency where you wish to enroll your children. The agency's enrollment team likely shared the application portal link with you, or may be navigating the application process with you in person. When you click on that link, you'll be redirected to the beginning of the application process. The application portal can only be reached through the URL that has been shared with you or the Hubbe Parent mobile app. If you are having trouble accessing the application portal, contact the agency's enrollment team for assistance.

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# Creating a User

If you have never applied before and you have made your way to the application portal on your own **without an invitation from the child care provider**, you will need to create a new user account. Click on the blue "Create User" button. <u>If you already have an account with Hubbe, do not create a new user - login with your existing username/password.</u>



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Once you click "Create User," you'll be redirected to a screen where you'll enter your email and password for your new account. Enter the email and password of the parent signing up. This will be your login credential during the application process. Should you start an application, and have to leave and return for any reason, you can log back into the *Hubbe* application portal with this information.



Create Parent Portal User
Enter an email address for your account
isabellarodriguez@noemail.com
SUBMIT

You'll be directed to your agency's family application. There will be seven (7) tabs displayed to complete before submitting your application. The first tab, "Welcome," will present your agency's custom introductory message containing important information for you to review before starting your family application. In this tab, there will also be cards displayed for each program of services that the agency offers. Please read through each program before beginning your application. To translate the whole application into Spanish, click the blue "Ver en Español" button above the tabs.

Applebank Un	ified School District A Application Ver en Españ	<b>pplebank</b> mily Applica ™	<b>USD</b> ation			
U Welcome	Parents/Guardians Step 1	¥ Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6
Thank you for ye emergency cont photos. A good have the followii 1. Parent or 2. Birth cert 3. Preschool 4. Child's Ph 5. Current p 6. Current p When you are fin application as yo	our interest in the Appleban facts as well as of the childre headshot photo will ensure ng documents saved on you - Legal Guardian's ID's (both I fifcates (for all children resid I child's Immunization Record hysical Exam, TB test, and He proof of residency (within the proof of residency (within the proof of grsss income (wages, nished, hit the "Submit" but bou work on it. We will wait to	k USD Preschool Program. In who need preschool ser we can clearly identify the Ir device and ready to uplo (DS are required when both ing in your household) d and Medical Insurance Ca aring/Vision last 30 days of enrollment) child support, unemploym ton. Please list the program o contact you until you have	Please complete all informat vices. The photos will be utili adult/child, and this will imp ad: a parents live in the home) and ent, disability, etc.) ns you're applying for in the re submitted it. We look forw	ion on this application including zed for secure drop-off and pick rove our ability to ensure childre notes section in the Sign and Su ard to working with you to supp	g uploading the pho c-up of your childrer en are being release ubmit modal. We will port the needs of yo	otos of all parents and adult n. The best photos are close- id to approved adults. Please I have access to your ur family.
Application Sta Programs w	ntus: In Process					

# Accepting an Invitation to Apply

If you have been officially invited to apply to the child care provider via email, an application portal account will already exist for you so you will <u>not</u> need to create a new user - rather, you will login using the credentials provided in the email message.

In the email invitation, click the login link to access the login page for the application portal.

	Applebank USD Enrollment App	lication			0	Ø
•	noreply@hubbeinc.com to isabellarodriguez ▼	e	⊇ Tue, Nov 16, 9:53 AM (1 days ago)	☆	¢	:
	Applebank USD Enrollment Application You have been invited to enroll for preschool provider photos of all parents and adult emergency contacts a The photos will be utilized for secure drop off and pic can clearly identify the adult / child, and this will impro	by Applebank USD. Please complete all in swell as all of the children who need preso up of your child(ren).The best photos are ve our ability to ensure children are being	nformation on this application including chool services. close up photos. A good close up phot released to approved adults.	ı uploa o will e	ding the	e we
	Solicitud de inscripción en Applebank USD Usted ha sido invitado a inscribirse en preescolar pro los padres o guardianes legales, de los adultos que s Las fotos se utilizarán para identificar a las personas completa para asegurar que podamos identificar clar entregados a adultos aprobados.	porcionado por Applebank USD. Complete ervirán como contactos de emergencia, y que llevarán y recogerán a sus hijos de for imente al adulto/niño, y esto mejorará nue	e toda la información en esta solicitud, i de los niños que necesitan servicios pr rma segura. Una buena foto deberá ab stra capacidad para garantizar que los	ncluya eescol arcar la niños	fotos c ares. a cara sean	je
	Login Link / Enlace de inicio de sesión http://demo.sishubbe.com/Parents/Applebank	Click to access the log for the application p	gin page portal			
	Username / Nombre de usuario <u>isabellarodriguez@noemail.com</u> Password / Contraseña toddler35167	nter the provided userna and password to logir	ame			

Enter the username and password provided in the email and click "Sign In."



# Family Application

This instruction sheet will review each step of the application process. Follow along to successfully complete and submit your family application in Hubbe.

### **Reviewing Programs Offered**

As mentioned above, the "Welcome" tab will display a card for each program of services that your agency offers. Please read through each program's description to fully understand which program your child may be eligible to apply for. Click the blue "Click here for a full description of this program" link in a program card to view more details about the program.

**Note**: If applicable, the pop-up modal displaying the program's full description may also present an income guidelines table for subsidized care. Find your family's size in the first column - family members being only members of your family listed on your tax return. If your family's gross monthly or yearly income is *under* the corresponding amounts listed for your family size, you qualify for subsidized services.

Welcome	Parents/Guardians Step 1	Students/Children Step 2	ergency Contacts Step 3	Additional Information     Step 4	Documents Step 5	Review and Submit Step 6
elcome!						
nank you for y mergency cont hotos. A good ave the followi	our interest in the Appleban tacts as well as of the childre headshot photo will ensure ing documents saved on you	k USD Preschool Program. Please co n who need preschool services. The we can clearly identify the adult/chi ır device and ready to upload:	omplete all informa photos will be utili ild, and this will imp	tion on this application including ized for secure drop-off and pick prove our ability to ensure childr	g uploading the pho c-up of your childrer en are being release	tos of all parents and adult n. The best photos are close-u d to approved adults. Please
1. Parent or 2. Birth cert 3. Preschoo 4. Child's Pl 5. Current p 6. Current p	r Legal Guardian's ID's (both i tificates (for all children resid l child's Immunization Record hysical Exam, TB test, and He oroof of residency (within the proof of gross income (wages,	D's are required when both parents l ing in your household) I and Medical Insurance Card aring/Vision last 30 days of enrollment) child support, unemployment, disab	live in the home) pility, etc.)			
then you are fi oplication as y pplication Sta rograms v	inished, hit the "Submit" but ou work on it. We will wait to atus: In Process ve offer	ton. Please list the programs you're o contact you until Each pro agency be liste	ogram you offers will ed below	notes section in the Sign and Su of to working with you to supp r	ubmit modal. We wil	l have access to your ur family.
/hen you are fi oplication as y pplication Sta rograms v Full-Day	inished, hit the "Submit" but ou work on it. We will wait to ntus: In Process ve offer r State Preschool P	ton. Please list the programs you're o contact you until Each pro agency be liste	applying for in the ogram you offers will ed below	notes section in the Sign and Su of to working with you to supp r	ibmit modal. We will port the needs of yo	I have access to your ur family.
/hen you are fi oplication as y pplication Sta rograms v Full-Day State Prescho program for Click here fo	Inished, hit the "Submit" but ou work on it. We will wait to atus: In Process ve offer r State Preschool P bol is a state-funded, no cost children 3 and 4 years old w. or a full description of this pr	ton. Please list the programs you're o contact you until Each pro agency be liste rogram part-day or low cost full-day prescho Click to view	applying for in the ogram you offers will ed below	notes section in the Sign and Su of to working with you to supp infant and Toddler Su nis full day-full year child care pro d serves approximately 88 childr Click here for a full description of	Ibmit modal. We will port the needs of yo bsidized Child ogram for children ag en. Fami this program	I have access to your ur family. d Care Jes 4 months to 36 months
/hen you are fi oplication as y pplication Sta /rograms v Full-Day State Prescho program for Click here fi School-/ Subsidiz	Inished, hit the "Submit" but ou work on it. We will wait to atus: In Process ve offer r State Preschool P pol is a state-funded, no cost children 3 and 4 years old w. or a full description of this pr Age Before and Afr red	ton. Please list the programs you're o contact you until Each pro agency be liste rogram part-day or low cost full-day prescho ogram Click to view ter Care Program- Non-	applying for in the ogram you offers will ed below	notes section in the Sign and Su of to working with you to supp infant and Toddler Su his full day-full year child care pro d serves approximately 88 childr Click here for a full description of chool-Age Before an Program	boildized Child ogram for children ag en. Fami this program	I have access to your ur family. d Care ges 4 months to 36 months ol Subsidized

State Preschool is a state-funded, **no cost part-day or low cost full-day** preschool program for children 3 and 4 years old which is offered to eligible families.

**Full Day State Preschool** - center-based program for children 3 and 4 years old, designed for working parents or parents who are attending school. The full-day hours are 6:30 a.m. to 6:00 p.m., Monday through Friday (hours vary according to the needs of the family). It is only available at one location.

Please see the income ceilings below to determine if you're eligible based on your family size and income.

# Income Guidelines 🚯

Family Size	Family Monthly Income	Family Yearly Income
1	\$5889	\$70665
2	\$5889	\$70665
3	\$6511	\$78135
4	\$7441	\$89297
5	\$8632	\$103584
6	\$9823	\$117872
7	\$10046	\$120550
8	\$10269	\$123230
9	\$10492	\$125909
10	\$10716	\$128587
11	\$10000	\$101066
		Close

# Step 1: Parents/Guardians

After reviewing the services that your agency offers, it is time to move on to the "Parents/Guardians" tab. Here you will enter the one or two parents/guardians for the family who are currently living with the child. You must enter at least one parent in order to submit the application.

Welcome     Parents/Guardi     Step 1	ns Y Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	B Documents Step 5	Review and Submit Step 6
Please only enter information for p	rents/guardians who are <b>curre</b> i	<b>ntly</b> living with the child you'r	e applying for.		
+ Add Parent/Guardian					Previous Next





Enter the parent's information for every possible field on this page. You will be required to enter information for nearly every field here to submit the application, with only the phone number fields being the exception. We highly recommend entering your **mobile** phone number, with the home phone and work phone numbers being optional.

Parent/Guardia	n					
		Welcome, please tel	l us abo	out yourself! Who's applying?		
			lpload	Remove		
First Name		Last Name			Gender	
Isabella		Rodriguez			Female	~
Relationship to Child				Head of Household?		
Mother (biological or adoptive)			~	Yes		~
Address (Line 1)				Address (Line 2)		
201 Apple Lane						
City	State			County		Zip Code
Maple	CA		~	San Diego	~	90001
Languages				Preferred Language for M	essaging	
English, Spanish			Ŧ	English		~
Email	Home Phon	e		Mobile Phone		Work Phone
isabellarodriguez@noemail.com	(xxx) xxx-x	XXX		(555) 459-1203		(XXX) XXX-XXXX
✓ Preferred	Preferred	ł		<ul> <li>Preferred</li> <li>Allow Texting</li> </ul>		Preferred
Authorized to pick up children from sch	nool/care?	Authorized to sign	official	documents?	Are you the	primary contact for the household? 😯
· · · · · · · · · · · · · · · · · · ·						

We highly recommend you upload an image for every parent and child entered in your application to help assist your child care provider. If your image uploads in the wrong orientation, you can click the blue "Rotate Image" button to rotate the image 90 degrees - click as many times as needed.



The "Head of Household" field should be marked "Yes" for the parent whose email address was used to create the family application. You will not be able to submit the application if the email addresses do not match between the family application portal account and the "Head of Household" for the family. Only **one parent** can be marked as Head of Household.

First Name	Last Name		Gender		
Isabella	Rodriguez		Female		~
Relationship to Child		Head of Household?			
Mother (biological or adoptive)	~	Yes			~
Address (Line 1) If this parent is	the Head of the	Address (Line 2)			
201 Apple Lane Household, the	e email address				
City address used to	create the family	County		Zip Code	
Maple application po	ortal account	San Diego	~	90001	
Languages		Preferred Language for Mess	saging		
English, Spanish	•	English			~
Email Ho	ome Phone	Mobile Phone		Work Phone	
isabellarodriguez@noemail.com (	(xxx) xxx-xxxx	(555) 459-1203		(xxx) xxx-xxxx	
Preferred	Preferred	Preferred Allow Texting		Preferred	

There are two (2) language fields: the "Languages" field and the "Preferred Language for Messaging" field. The "Languages" field allows you to mark every language that the parent speaks, such as English and Spanish. The "Preferred Language for Messaging" field selection will determine the language that the parent's Hubbe messaging will be automatically translated to within their parent portal account - though this language selection can be changed at any point if needed.

Languages	Preferred Language for Messaging	
English, Spanish 🔹	English	~

In the email and phone number row, select which method of communication is preferred, being either your email address, or one of the phone numbers provided. You can also indicate whether you allow texting communication to your mobile device.

Email	Home Phone	Mobile Phone	Work Phone
isabellarodriguez@noemail.com	(xxx) xxx-xxxx	(555) 459-1203	(XXX) XXX-XXXX
Preferred	Preferred	Preferred	Preferred
		🖌 Allow Texting	

At the bottom, there are two authorization questions, being whether the parent is allowed to pick the child up from school/care and whether the parent is allowed to sign official documentation. Selecting "No" for the "Authorized to pick up children from school/care" field will clearly mark this restriction in the parent's record in Hubbe for your child care providers to see. Marking "No" for the "Authorized to sign official documents" field will prevent child care staff from being able to send documents needing signatures to the parent in their parent portal, and will clearly mark this restriction in their parent record in Hubbe.

Authorized to pick up children from school/care?	Authorized to sign official documents?
Yes ~	Yes ~

The last field on the parent record page indicates whether this parent is the primary contact for the household. Two things will occur upon this selection if "Yes" - firstly, the household record in Hubbe will list this parent's phone number and address as the household's primary contact information. Secondly, this parent record will receive a parent portal account using the email address used to create this family application. After your application has been intaken by your child care provider, you will be able to access the main parent portal that allows you to view family information, sign forms, upload documents, pay family fees, communicate with your child care provider, and more.

Are you the primary contact for the household?	8
Yes	~

Once you are done entering the parent's information, click the blue "Save" button. Please note that you can always click "Save" before finishing and come back later to complete the parent's record before submitting the application.

5) 459-1203	(xxx) xxx-xxxx	
referred llow Texting	Preferred	
ents?	Are you the primary contact for the hou	sehold? 😯
~	Yes	~
	Cancel	Save

You'll be directed back to the "Parents/Guardians" tab where the new parent record card will be displayed. Click the blue "Actions" button to either edit or delete this parent record, or click the blue "Add Parent/Guardian" link to add another parent record. If there is only one parent in the household, or if you would like to begin entering the children in the family, click the blue "Next" button at the bottom right of the tab.



# Step 2: Students and Other Children in the Home

The next step in the family application is entering the children in the household in the "Students/ Children" tab, including children needing services and the other children in the home. The top section of the tab should only include the students needing services that you are applying for. The bottom section of this tab should only include the other children that live in the same household as the children you are applying for.

Nelcome	Parents/Guardians Step 1	¥ Students/Children Step 2	Emergency Contacts Step 3	Additional Information     Step 4	Documents Step 5	Review and Submit Step 6
In this sectio	on, only enter children that	you're applying for.	,			
+ Add Stude	nt					
In this section	on, enter any additional chil	ldren that live in the same hou	usehold as the one you're ap	pplying for.		
+ Add Other	Children					
					P	revious Next

Click the blue "Add a Student" button to add a child that you are applying for.



Enter the student's information for every possible field on this page. You will be required to enter information for nearly every field here to submit the application, with only the doctor information, allergies/health concerns, and elementary school grade level being optional.

2

Student			
Who are you applying for?	First Name	Middle Name 🕑	Last Name
Upload Remove	Valerie	Maria	Rodriguez
Rotate Image		Check here if your child does not have a legal middle name	
Gender	Date of Birth	Student lives with:	Student needs enrollment
Female ~	06/12/2018	× Isabella Rodriguez	Yes ~
	Expected date of birth?	× Daniel Rodriguez	
City of Birth	State of Birth	Country of Birth	Spoken Language
Maple	CA	USA	English
			Is your child currently learning English as a second language?
Elementary School Grade Level			
- SELECT - 🗸			
Doctor's Full Name	Doctor's Phone		
Diana Johnson	(555) 465-2212		
Allergies or Health Concerns			
ADHD		Diabetes	
<ul> <li>Heart Condition</li> <li>Allergies</li> </ul>		<ul> <li>Seizures</li> <li>Other Condition</li> </ul>	
<ul> <li>Bee Sting Allergy</li> <li>Food Allergy</li> </ul>			

We highly recommend you upload an image for every parent and child entered in your application to help assist your child care provider, especially the students applying for services since this image will be displayed on the child's record and will assist with attendance management. If your image uploads in the wrong orientation, you can click the blue "Rotate Image" button to rotate the image 90 degrees - click as many times as needed.



The "Middle Name" field is required, so if the student does not have a middle name, simply select the checkbox beneath the field to indicate that the student does not have a middle name.

Middle Name	0
Maria	
Check here have a lega	if your child does not I middle name

For the "Date of Birth" field, only select the "Expected Date of Birth" box if the child has yet to be born and the provided date is the expected birth date. If the child has already been born, simply enter the birth date and leave the checkbox unselected.



The "Student needs enrollment" field may seem repetitive, but serves to allow you to remove children who you previously applied for in past years from the "enrolling children" list. For example, if you applied to the agency last year for one child who has now outgrown the program's services, you can select "No" in this field for the child's existing student record to indicate that the child no longer needs services. If the child is enrolling for services in this application, you will need to select "Yes" for this field in order to be able to select the program you are applying for.

Student needs enrollment	
Yes	~

For the "Spoken Language" field, only select the checkbox if your child is currently learning English as a second language. For example, if your child speaks Spanish and is currently learning English as a second language, then select this checkbox. If your child already speaks English fluently, do not select this checkbox.

Spoken Language	
English	~
Is your child currently learning English as a second language?	

Enter your child's "Elementary School Grade level." <u>For infants, toddlers, and preschoolers, select the</u> "**I'm applying for preschool or infant/toddler care**" option to indicate your child is not in school yet.

Elementary School Grade Level	
- SELECT -	~

If applicable, enter the student's doctor information. This is especially important to provide if your child has any health or allergy concerns.

Doctor's Full Name	Doctor's Phone
Diana Johnson	(555) 465-2212

Lastly, report any allergies or health concerns that your childcare providers should be aware of. This information is <u>extremely important</u>, as it will appear on the child's record, allowing teachers to see the attention and resources that caring for your child will require. Each selection you make here will

expand a light blue box with additional important information to provide about that specific allergy or health concern, such as any medication needed while at care or school.

	— → → →
DHD	
leart Condition	
llergies	Other Condition
sthma	
Theart Condition	*
Allergies	
<ul> <li>Bee Sting Allergy</li> <li>Food Allergy</li> </ul>	•
Common Food Allergies (select al	l that apply)
Milk	Soy
Eggs	Fish
U Wheat	Shellfish
Peanuts	Other:
Tree Nuts	
Detailed instructions for what to do allergy:	in the case of exposure to these foods and any other relevant notes regarding this
Valeria is extremely sensitive to the	ese allergies and cannot be in the same room with either of them. If exposed
Describe, specifically, what triggers the	child's alleray
Describe, specifically, what triggers the	child's allergy
Describe, specifically, what triggers the Describe the symptoms the child will ex	child's allergy «perience when the child is exposed to the allergen
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing	child's allergy operience when the child is exposed to the allergen
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra	child's allergy xperience when the child is exposed to the allergen ash when exposed?
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra • Yes • No	child's allergy xperience when the child is exposed to the allergen ash when exposed?
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra • Yes • No Does the child have trouble breathing v	child's allergy cperience when the child is exposed to the allergen ash when exposed? when exposed?
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra • Yes • No Does the child have trouble breathing v • Yes • No	child's allergy cperience when the child is exposed to the allergen ash when exposed? when exposed?
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra Yes No Does the child have trouble breathing v Yes No If exposed, does the doctor consider an Yes No	child's allergy experience when the child is exposed to the allergen ash when exposed? when exposed? n exposure severe or life-threatening?
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra Yes No Does the child have trouble breathing w Yes No If exposed, does the doctor consider ar Yes No Does the child require medication during	child's allergy  cperience when the child is exposed to the allergen  ash when exposed?  when exposed?  n exposure severe or life-threatening?  ng/after allergen exposure?
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra • Yes • No Does the child have trouble breathing v • Yes • No If exposed, does the doctor consider ar • Yes • No Does the child require medication durin • Yes • No	child's allergy cperience when the child is exposed to the allergen ash when exposed? when exposed? n exposure severe or life-threatening? ng/after allergen exposure?
<ul> <li>Describe, specifically, what triggers the</li> <li>Describe the symptoms the child will ex</li> <li>Hives, swelling, difficulty breathing</li> <li>Does the child break out in hives or a ration of the symptoms in the symptoms of t</li></ul>	child's allergy cperience when the child is exposed to the allergen ash when exposed? when exposed? n exposure severe or life-threatening? ng/after allergen exposure? ages needed by the child while at childcare/school including information about
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra Yes No Does the child have trouble breathing w Yes No If exposed, does the doctor consider an Yes No Does the child require medication durin Yes No Does the child require medication durin Yes No If exposed, list all medications and dosa storing and dispensing medication EpiPen immediately upon exposure to	child's allergy cperience when the child is exposed to the allergen ash when exposed? when exposed? n exposure severe or life-threatening? ages needed by the child while at childcare/school including information about p peanuts or shellfish.
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra Yes No Does the child have trouble breathing v Yes No If exposed, does the doctor consider an Yes No Does the child require medication durin Yes No Does the child require medication durin Yes No If exposed, list all medications and dose storing and dispensing medication EpiPen immediately upon exposure to List Child's Allergy Doctor's name	child's allergy cperience when the child is exposed to the allergen ash when exposed? when exposed? n exposure severe or life-threatening? ng/after allergen exposure? ages needed by the child while at childcare/school including information about p peanuts or shellfish.
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra Yes No Does the child have trouble breathing v Yes No If exposed, does the doctor consider an Yes No Does the child require medication durin Yes No Does the child require medication durin Yes No If exposed, list all medications and dose storing and dispensing medication EpiPen immediately upon exposure to List Child's Allergy Doctor's name Diana Johnson	child's allergy experience when the child is exposed to the allergen exposed? when exposed? nexposure severe or life-threatening? ng/after allergen exposure? ages needed by the child while at childcare/school including information about to peanuts or shellfish.
Describe, specifically, what triggers the Describe the symptoms the child will ex Hives, swelling, difficulty breathing Does the child break out in hives or a ra Yes No Does the child have trouble breathing w Yes No If exposed, does the doctor consider ar Yes No Does the child require medication durin Yes No Does the child require medication durin Yes No If exposed, list all medications and dosa storing and dispensing medication EpiPen immediately upon exposure to List Child's Allergy Doctor's name Diana Johnson	child's allergy child's allerge child is exposed to the allergen ash when exposed? when exposed? n exposure severe or life-threatening? ng/after allergen exposure? ages needed by the child while at childcare/school including information about p peanuts or shellfish. ber

Once you are done entering the student's information, click the blue "Save" button. Please note that you can always click "Save" before finishing and come back later to complete the student's record before submitting the application.



If you selected "Yes" for the "Student Needs Enrollment" field, you will then be led to the page where all age-eligible programs will be displayed, according to the birth date you entered for the student. You can re-read each program's description by clicking on the "Click here for a full description of this program" link.

Once you have decided which program you would like to apply to for this student, select the checkbox beside the program title. The program year field will enable upon selecting the program - select the program year you are applying for in the drop-down list.



When you are done, click "Save." Please note that you can select more than one program for each student.



5

You'll be directed back to the "Students/Children" tab where the new student record card will be displayed. Click the blue "Actions" button to either edit or delete this student record, or click the blue "Add Student" link to add another student record. If there is only one student applying for services, or if you would like to begin entering the other children in the family, you can scroll down to the "Other Children" section of this tab.

Uelcome	Parents/Guardians Step 1	¥ Students/Children Step 2	Emergency Contacts	Additional Inform
In this section	on, only enter children that Click to another s	you're applying for. add tudent	Click to add anotl edit the stuc information or pr or to delete the	nerClick to net's ogram(s), student
	Valerie Rodriguez		<ul> <li>Edit Student</li> <li>Change Program</li> </ul>	<ul> <li>Actions</li> </ul>
Date of Bir 06/12/2018	th	<b>Student needs enrollmen</b> t Yes	面 Remove	
<b>Place of Bi</b> Maple, CA,	<b>rth</b> USA	<b>Spoken Language</b> English	<b>Student Lives Wi</b> Daniel Rodriguez, Rodriguez	<b>th</b> Isabella
Doctor Infe Name: Diar Phone Num Selected Pr Part-Day St Program	ormation na Johnson hber: (555) 465-2212 rograms ate Preschool	<b>Health Concerns</b> Asthma, Food Allergy	<b>Medication Requ</b> No	ired at School

If there are children residing in the home that aren't going to be receiving services, they still need to be added to the family application. It's important to know each member of the family to cross-reference with the family size entered in the first section of the family application. To add a child in the home that won't be receiving services, click on the blue "Add Other Children" link.

Valerie Rodriguez		<ul> <li>Actions</li> </ul>
Date of Birth 06/12/2018	<b>Student needs enrollment</b> Yes	<b>Gender</b> Female
Place of Birth Maple, CA, USA	<b>Spoken Language</b> English	<b>Student Lives With</b> Daniel Rodriguez, Isabella Rodriguez
<b>Doctor Information</b> Name: Diana Johnson Phone Number: (555) 465-2212	Health Concerns Asthma, Food Allergy	<b>Medication Required at School</b> No
<b>Selected Programs</b> Part-Day State Preschool Program		

A pop-up modal will appear. Using the fields provided, enter the child's first, middle, and last name, gender, date of birth, and grade level/school of attendance if applicable. Then, click "Save."

Children residing in the home who do not need child care/preschool $$\mathbb{C}$$ $\times$ services					
First Name	Middle Name		Last Name		
Matthew	Thomas		Rodriguez		
	Check here i not have a le name	f your child does egal middle			
Gender		Date of Birth			
Male	~	09/14/2021			
Grade Level		School of Attend	lance		
			Cance	Save	

6

The other child's record will appear in this section of the "Student/Children" tab. Click the blue "Actions" button to either edit or delete the child record - or click "Transfer Student" to transfer the "Other Child" to a "Student" record that you can add the remaining student information to. This "Transfer Student" option makes it easy for you to transfer your children to the "applying for services" section in upcoming school years when they age-in to the program's services.



Once you are finished adding all the necessary children to the family application, click the blue "Next" button in the bottom right corner of your screen.



The next step in the family application is entering the emergency contacts for the family. You must enter at least two (2) emergency contacts in order to submit your application - the contacts cannot be one of the parents/guardians listed in the application. Each contact must have at least one phone number listed and a primary language.

1 Welcome	Parents/Guardians Step 1	¥ Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6
Emerg	Emergency contact cannot be one of the parents/guardians listed on this application.					
+ Add Emerg	+ Add Emergency Contact					
						Previous Next

Click on the blue "Add an Emergency Contact" link to add emergency contact information. Remember that emergency contacts cannot be one of the parent/guardian records you have already entered.

U Welcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	• Ac				
i Emerg	Emergency contact cannot be one of the parents/guardians listed on this application.							
+ Add Emerg	gency Contact							

Enter the first, middle, and last name of the emergency contact. Next select the gender and relationship to the child. If the contact is authorized to pick up the children from school, select "Yes" for the authorization field. Lastly, enter at least one phone number and select the contact's primary language. When you are done, click "Save."

Emergency Contac	t				
Emergency contact cannot be one of	the parents/guardians	listed on this applicatio	n.		
Upload Remove					
First Name	Middle Name		Last Name		
Paulina	Ann		Rodriguez		
Gender	Relationship		If Other Relationship, Type In		
Female	Grandmother	Ŷ	Grandmother		
Is this emergency contact authorized to pick	Phone 1	Phone 2	Primary Language		
up children from the school?	(555) 412-0123	(xxx) xxx-xxxx	Spanish ~		
Yes			~		
			Cancer Save		

You will be led back to the "Emergency Contacts" tab. Make sure to click "Add Emergency Contact" again to add a second contact, at least. Click the blue "Actions" button in a contact's card to edit or delete the contact. When you have added all of your emergency contacts, click the blue "Next" button to go to the next part of the application.

Emergency contact ca Add Emergency Contact	Click here to add ar emergency conta	s listed on this application. Nother act	Click here to remove a c	o edit or contact
George Rodrigu	Actions	Paulina Rodr	ig	< Actions
Relationship	Gender	Relationship	Gender	
Grandfather	Male	Grandmother	Female	
Phone 1	Phone 2	Phone 1	Phone 2	
(555) 452-1234		(555) 412-0123		When you have added
Primary Language	Authorized to Pickup	Primary Language	Authorized to Pie	2 contacts, click here
English	Children	Spanish	Children	to go to the next part o
	tes		Tes	the application

**Step 4: Additional Information** 

The next step in the family application is entering the additional information for the family, including family size and income, demographic information, and site/time preferences. Make sure that each checkbox listed in this tab is checked to successfully submit your application.

🚹 Welcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6	
Please enter	Please enter additional information to help us determine your eligibility for the programs you've selected in your application.						
Family Elig	ibility Information						

**Family Eligibility Information:** First click the "Provide Family Size and Income" link to enter this information. Notice the yellow warning message above that the family size does not match the number listed in the application - this is because you have yet to enter a number. Once you provide the accurate number, this warning message will go away.

Family Eligibility Information
The family size does not match the number of listed household members in your application. Please check to make sure you've entered the correct family size before submitting your application
Additional Family Information
Parent/Guardian Program Information

In the pop-up modal, enter your family size. This number should equal the number of persons you entered in your family application, excluding the emergency contacts.

10	Update Family Eligibility Information	
	Family Size	
	4	

For the "Do you have any sources of income" field, if "Yes" is selected, you will see many more income-related fields in the modal. If "No" is selected, you will only see an explanation field for the lack of income. Complete this section accurately to ensure your eligibility for enrollment is correct. This information is used to assist your childcare prioritize enrollment for families based on the eligibility rankings, and is complementary to the documentation your childcare provider will likely require you to upload for verification.

Do you have any source • Yes · No	es of income?	•		
Isabella Rodriguez		Daniel Rodriguez		
How often do you get p	paid?	How often do you get paid?		
Weekly	~	Monthly	-	
Parent A Week 1 Parent A Week 2		Amount		
\$ 600.00	\$ 600.00	\$ 3000.00		
Parent A Week 3	Parent A Week 4	Child Support Paid Out Per Month		
\$ 600.00	\$ 600.00	\$ 0		
Child Support Paid Out	Per Month			
\$ 0				
Child Support Received	l Per Month	\$ 0		
Spousal Support Receiv	ved Per Month	\$ 0		
Are you currently receiving Cash Aid, CalWORKS, AFDC, or TANF?		No	-	
If yes, amount received	per month	\$ 0		
Are you receiving SSI?		No	-	
If yes, amount received	per month	\$ 0		
Are you receiving SSA?		No	•	
If yes, amount received	per month	\$ 0		
Other Sources Of Incon	ne per month	\$ 0		

- OR -

Do you have any sources of income? Yes • No	Ь
Please explain	- V
Unemployed due to health issues	

When you are done, click "Save." The checkbox next to the "Provide Family Size and Income" link will now be checked to indicate that you have completed this part.



**Parent/Guardian Program Information:** Next you will need to enter each parent's program information by clicking the "Update Program Information" link under each parent's name.

Parent/Guardian Program Information			
Daniel Rodriguez	Isabella Rodriguez		
Update Program Information	Update Program Information		

In the pop-up modal, enter the parent's race and ethnicity, and then click "Save."

Isabella Rodriguez Program Information	0 ×
Race	
White	~
Ethnicity	
Hispanic or Latino	~
Cancel	Save

Once the parent's / parents' information is completed, the checkboxes will be checked in this section.

Parent/Guardian Program Information	ו
Daniel Rodriguez	Isabella Rodriguez

**Student Program Information:** Lastly, you will need to enter the student's program information and site/time preferences, and if applicable, the drop off and pick up times. Your childcare provider may select to hide the "Drop Off and Pick Up Times" item, so you may not notice this item in your tab.



First click the "Update Program Information" for the student. In the pop-up modal, enter the student's ethnicity and race(s) in every field. There are three different fields provided in this section of the application: State, DRDP, and Federal race categories. These fields are separate because each entity has a distinct set of reports that use different definitions of race.



iren	ts/(quardians Students/Children Herdency Contacts Additional Information	Documents
	Valerie Rodriguez Program & Special Needs Information	[] ×
а	Ethnicity	
Ir	Hispanic or Latino	~
fc	Race of student defined by State of California (Select up to 5)	
a	×White	×
F	Race of student defined by The Student Assessment Tool DRDP (Select all that apply)	
	×White	×
h	Race of student defined by Federal Government (Select 1)	
	White	~

It is very important that you also enter any special needs, such as an "At Risk" student or an IFSP/IEP for the student to inform your childcare provider with the resources needed to serve your child. To see definitions of what the state defines to be an Active CPS Case, At Risk, and Active Court Case, click the blue question mark icon next to each respective field. If the child has an IFSP or IEP, enter the date that the child began either one. Mark all that apply.

Special Needs		
<ul> <li>Active CPS Case ?</li> <li>Does your child have an Indivi</li> </ul>	□ At Risk 😯 □ dualized Family Service Plan (IFSP)	Active Court Case 😮
• Yes 🕕 No		
Individualized Family Servic	e Plan (IFSP) Date (if known)	
Does your child receive Specia Ves <b>O</b> No	l Education services through an Individuali:	zed Education Program (IEP)
Race of Children who are recipients of child protective services. White They will be enrolled upon written referral from a legal,	Children at risk of abuse, neglect, or exploitation whom are so identified in a written referral from a legal, medical, or social service	An Active Court Case refe to any court ruling regardi the custody of a child. Ent any details about the cou case that staff at your child
medical, or social services	agency, or emergency	agency should be aware of

Next, click the "Select Site Preference for [Program Name]" link under the selected program. Each program that the student is applying for will need site preferences selected. In this example, there is only one program so there is only one site preferences item. In the pop-up modal, first select all the sites you would prefer, and then the times you are requesting services for within each site selection. For one of your site preferences, click the "Set as first choice" option on the right side.



**Note**: Your agency may restrict the total # of sites you are able to select. If so, you will see a blue banner at the top of the modal indicating the number of selections you can make.

	Select Your Preferred Site and Tin	Notifies if your agency has restricted the # of sites you can select	: ×
vr	Select up to 2 site preferences		
2	□ > Riverbank Preschool 5040 Riverbank Street ♀		

Lastly, your childcare provider may ask for you to enter drop off and pick up times. If so, you will see a third item beneath the student's program titled "Specify Drop Off and Pick Up Times for [Program Name]." Click to enter this information, though it is optional.

	mation		
	on		
	Part-Day Sta	ate Preschool Prog	ram
	☑ Select Si	te Preference for P	art-Day State Preschool
	Program		
	State Presc	Dropoff and Pickup hool Program	Times for Part-Day
Student Dro	p Off and Pick	Up Times	↓ 2 ton t ton t Class ton t
You can cop	v a time from mono	lav to the rest of th	e week using the buttons below
Copy Monday	y Copy Monday	(include weekend)	Click "Copy Monday" to
	Start	End	populate the times entered for Monday to every remaining day
Monday	07:50 AM O	11:10 AM 🛇	of the week - the "(include
Tuesday	07:50 AM 🛇	11:10 AM (9	populate the Monday times to
Wednesday	07:50 AM 🕲	11:10 AM 🕲	Saturday and Sunday
Thursday	07:50 AM 🕓	11:10 AM 🕓	
Friday	07:50 AM 🕓	11:10 AM (9	
Saturday	: O	: 0	
Saturday Sunday	: ©	: ©	
Saturday Sunday	: ©	: ©	

When you are done with each item in this tab, click the blue "Next" button at the bottom right of the tab to move on to the next part of the application.

🚹 Welcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6
Please ente	r additional information to h	nelp us determine your eligi	bility for the programs you've	e selected in your application.		
Family Elig	ibility Information					
Additional I	Family Information amily Size and Income					
Parent/Gu	ardian Program Info	ormation				
Daniel Rodr	iguez	Isab	ella Rodriguez			
🗹 Update I	Program Information		Jpdate Program Information			
Student Pr Valerie Rod	ogram Information					
🗹 Update I	Program Information					
Part-Day Sta ☑ Select Si Program	te Preschool Program te Preference for Part-Day St	ate Preschool			$\mathbf{i}$	
Specify I State Presc	Dropoff and Pickup Times for hool Program	Part-Day				
					P	revious Next
		Ste	p 5: Adding Do	cuments		

The "Documents" tab will display any document checklist that has been assigned to you. These are created and assigned to you by your childcare provider, listing the documents they need to enroll your children. In this example, we were assigned two document checklists.

Upload all the document items that you can and that are required before submitting. However, after you have submitted your application, you can continue to upload documentation to your checklists in this application portal account.



Click the title of a checklist to expand the list and see what documents are needed by your childcare provider.

The documentation needed differs between programs. We have organized documentation into checklists. You may be required to complete one or more checklists so that we can process your application. Please click the link to access each checklist and complete/upload all required documents.	
> Eligibility Documentation (0 documents uploaded)	
> Enrollment Documents (0 documents uploaded) 🚯 🛓	
Previous	t

You will then see each checklist item with a description, who should complete the time, and upload button, and a column that will display a green checkmark when your childcare provider has approved the upload.

To upload a document, click the blue "Upload" button beside an item.

3

✓ Eligibility Doct	umentation (0	documents uploaded) 🚯 🛓			
You must bring the fol into an eligibility appo	lowing items th intment.	at are needed to apply to our program. Upload documents here throu	ugh your application	on, or bring these	e documents
Checklist Item	Upload Required	Instructions	Who should complete this document?	Uploaded Documents	Approved by Agency
Birth certificates or other legal document showing child's birth date	Required	Birth certificates or other legal document showing child's birth date for all the children in the household under the age of 18. Child being enrolled to preschool must be 3 or 4 years old on or before December 1st.	All applicants	L Upload	
Proof of family size	Required	must include Valid Photo Identification for both parents/guardians and may include marriage certificate, divorce papers, separation	All applicants	1 Upload	

In the pop-up modal, click the grey "Upload Documents" button. Select the file from your computer, and then click "Save" in the modal.

Upload File	[] ×
Document Upload Documents No documents uploaded	cı
ng ili	Cancel Save

Upload File	51 × 8
Document Replace Documents Birth Certificate.docx	
	Cancel Save

You will then notice the upload in that row. Your childcare provider will immediately receive your uploaded document and once approved, a green checkmark will appear in that row in the "Approved by Agency" column. Click the red trash can to delete the upload. However, once your childcare provider has approved the upload, you can no longer delete it.

Notice that the "# documents uploaded" beside the document checklist title now says "1 document uploaded."

<ul> <li>Eligibility Doc</li> <li>You must bring the fol</li> <li>into an eligibility appo</li> </ul>	umentation ( llowing items the pintment.	1 documents uploaded) 🚯 🛓 hat are needed to apply to our program. Upload documents here	Click to o only be approve	lelete the up fore it has l d by your a	bload - been gency
Checklist Item	Upload Required	Instructions	Who should complete this document?	Uploaded Documents	Approved by Agency
Birth certificates or other legal document showing child's birth date	Required	Birth certificates or other legal document showing child's birth date for all the children in the household under the age of 18. Child being enrolled to preschool must be 3 or 4 years old on or before December 1st.	All applicants	L Upload Birth Certificate.docx	Ē
Proof of family size	Required	must include Valid Photo Identification for both parents/guardians and may include marriage certificate, divorce papers, separation or custody agreements, guardianship, child support, rental agreement, welfare, Cal-	All applicants	1 Upload	

5

If a checklist item is a form that you need to fill out or has more instructions, the title of the checklist item will be blue and linked with the form download. Click the item title to download the form/packet. You can then upload the completed form/packet to the checklist item by scanning it onto your computer if needed.



As a quick way to view your progress, hover your mouse over the information tooltip (1). A list of each item will appear with a checkmark beside each item you have uploaded.



You can also download a PDF of the document checklist, including a list of the checklist items and whether you have uploaded for the item and whether the childcare provider has approved your upload.



When you are done uploading all documentation, or if you would like to skip to the next section but come back later to finish, click the "Next" button.

n '	Welcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6
T t	The docum that we can	entation needed differs betw process your application. Pl	veen programs. We have o lease click the link to acces	rganized documentation into s each checklist and complet	checklists. You may be required e/upload all required document:	l to complete one or 5.	more checklists so
	> Eligibili	ty Documentation (5 doc	uments uploaded) 🚯	Ŧ	,		
	> Enrollm	ent Documents (4 docur	nents uploaded) 🚯	*			
						F	Previous Next

Step 6: Review and Submit

The last tab titled "Review and Submit" will list all the parents, students, other children, and emergency contacts you entered, as well as whether the "Additional Information" tab is completed and the number of documents uploaded to any checklists you have been assigned.

UWelcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6
Please revie	w the information in your ap	oplication before signing ar	nd submitting.			
<b>Parents</b> (vie Daniel Rodrigu Isabella Rodrig	w) ez uez	<b>Student</b> Valerie Ro	<b>is</b> (view) odriguez	<b>Additio</b> Complete	nal Program Inf	ormation (view)
<b>Emergency</b> George Rodrig Paulina Rodrigi	Emergency Contacts (view) George Rodriguez Paulina Rodriguez		Other Children (view) Matthew Rodriguez		ent Checklists ( Documentation: 5 on The Documents: 1 do	view) documents uploaded cuments uploaded
						Sign and Submit

We highly recommend that you click the "View" button next to each title here to go back and review all of your application information. After you have submitted your application, you will not be able to change any information, unless your childcare provider manually changes your application from "Submitted" to "Revisions Needed."

UWelcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	Additional Information Step 4	Documents Step 5	Review and Submit Step 6
Please review	w the information in your ap	oplication before signing a	nd submitting.			
<b>Parents</b> (viev Daniel Rodrigue Isabella Rodrigu	w) ez	<b>Studen</b> Valerie Ro	ts (view) odriguez	<b>Additio</b> Complete	nal Program Inf	ormation (view)
Emergency Contacts     Other       George Rodriguez     Matther       Paulina Rodriguez     Matther		Other C Matthew	<b>(view)</b> Rodriguez	<b>Docume</b> Eligibility Enrollmer	ent Checklists	view) locuments uploaded cuments uploaded
						Sign and Submit

Once you have confirmed that the information in your application is complete and correct, you can submit the application to your child care provider. Click the green "Sign and Submit" button.

UWelcome	Parents/Guardians Step 1	Students/Children Step 2	Emergency Contacts Step 3	Additional Information     Step 4	Documents Step 5	Review and Submit Step 6
Please revie	w the information in your a	oplication before signing a	nd submitting.			
<b>Parents</b> (vie Daniel Rodrigu Isabella Rodrig	w) ez uez	<b>Studen</b> Valerie Ro	<b>ts (view)</b> odriguez	<b>Additio</b> Complete	nal Program Infe	ormation (view)
Emergency Contacts (view) George Rodriguez Paulina Rodriguez		Other C Matthew	Other Children (view) Matthew Rodriguez		ent Checklists (N Documentation: 5 d nt Documents: 1 doc	view) locuments uploaded cuments uploaded
						Sign and Submit

In the pop-up modal, read the signature terms displayed. Then type your full name, as the person completing the application. If desired, you can also enter any additional notes in the textbox that the childcare provider will see upon submitting the application.

	Ver en Español		
ar	Sign and Submit Applica	tion	[] ×
Par	<b>Signature</b> Please go back and verify t no accidental typing mista	hat all information was entered	d correctly and that there are
fo	By typing your full name by Guardian of this student an her/his behalf. By typing your full name, the Sign	elow, you are verifying that yound have the authority to make the authority to make his serves as your electronic sig	u are the Parent/Legal educational decisions on gnature.
	Applicant First Name	Applicant Middle Name	Applicant Last Name
	Isabella	Maria	Rodriguez
	Please write any additional notes	s for the agency	
	Enter any applicable notes that in the application here	your child care provider should know	outside of the information entered
	If desired, e here for your see u	nter additional notes childcare provider to con submitting	Cancel

Click the blue "Sign" button to provide your electronic signature, and then click "Save" to submit your application. Again, once you submit, you cannot edit any information unless your child care provider manually changes your application from "Submitted' to "Revisions Needed."

<u>Note</u>: If there were any errors in your application, you will see an error message telling you exactly what you need to edit in order to submit successfully. Otherwise, congratulations! You have now completed the application process.

Sign and Submit Applicat	tion	11 ×
<b>Signature</b> Please go back and verify t no accidental typing mistal By typing your full name be Guardian of this student ar ber/bis behalf	that all information was entere kes. elow, you are verifying that yo nd have the authority to make	d correctly and that there are u are the Parent/Legal educational decisions on
By typing your full name, the sign	his serves as your electronic sig	gnature.
Applicant First Name	Applicant Middle Name	Applicant Last Name
Isabella	Maria	Rodriguez
Please write any additional notes	s for the agency	
	Ļ	Cancel
Signature Click to signature ar	undo nd re-start	C .

Sign and Submit Applica	tion	[] ×
<b>Signature</b> Please go back and verify to no accidental typing mista By typing your full name bo Guardian of this student ar her/his behalf.	hat all information was en kes. elow, you are verifying than nd have the authority to n	ntered correctly and that there are at you are the Parent/Legal nake educational decisions on
By typing your full name, t	his serves as your electror	nic signature.
🛃 Sign		
Applicant First Name	Applicant Middle Name	Applicant Last Name
Isabella	Maria	Rodriguez
Please write any additional note	s for the agency	Clicking "Save"
in the application here	your china care provider should	application
		Cancel Save

After submitting, there are several changes to your application. The "Submit" button will now be greyed out and read "Application Already Submitted," there will be a "view-only" message above the tabs, the "Welcome" tab will display a "Submitted" status with a confirmation message from your childcare provider, and you will not be able to edit any information in the tabs.

Welcome         Parents/Guardians Step 1         Students/Children Step 2         Emergency Contacts Step 3		Additional Information Step 4	Documents Step 5	Review and Subm			
Please review	the information in your a	oplication before signing a	nd submitting.				
Parents (view) Student Daniel Rodriguez Valerie Ro Isabella Rodriguez		<b>ts</b> (view) odriguez	Additio Complete	nal Program Info	ormation (view)		
Emergency Contacts (view) George Rodriguez Paulina Rodriguez		Other C Matthew	Other Children (view) Matthew Rodriguez		<b>Document Checklists</b> (view) Eligibility Documentation: 5 documents uploaded Enrollment Documents: 1 documents uploaded		



You may also download your application by pressing the teal "Download Completed Application" button. Reference this <u>Completed Application Download</u> to see what a finished application download will look like.

Applebank U	A Familied School District	<b>pplebank</b> amily Applica	<b>USD</b> ation		
Le Downloa	d Application Ver en Esp	añol			
iour application	on is in view-only mode				

You will receive email updates if your childcare provider has changed the status of your application.