

After School Expanded Learning Programs 350 Loma Alta Drive Santa Barbara, CA 93109

Phone: 805. 965.4633 | Fax: 805.965.4633 | SBUnified.org

After School Expanded Learning Program Pre-Registration for Subsidized Care

Family Size	mily Size Estimated family monthly GROSS income \$							
**Please provide 1 mo	nth of I	<mark>most recen</mark>	<mark>t, conse</mark>	cutive pay	<mark>stubs from E</mark>	ACH pare	<mark>ent</mark>	
Name of child receiving services		Birth Date _			School			
MOTHER'S INFORMATION:								
Name of Parent/Guardian	Home/Cell phone					email		
Street address		City State Zip						
Employer/School		Work/School p					one	
Days and hours: M T	W	тн	F	From: _	am/pr	n to	am/pm	
********	*****	******	*****	******	******	*****	******	
FATHER'S INFORMATION:								
Name of Parent/Guardian	Home/Cell p			ll phone	phone email			
Street address	City				S	State Zip		
Employer/School		Work/School phone				one		
Days and hours: M T	w	TH	F	From: _	am/pr	n to	am/pm	
*******	*****	*****	*****	*****	*****	*****	*****	
Names of all your children unde	er the ag	ge of 18 livi	ing with	you:				
Full Name			Birthdate					
1								
2								
Parent/Guardian Signature:				Date	Date:			