QUALIFYING PROGRAMS:

- California Academic Partnership Program (CAPP)
- California Coverage & Health Initiatives (CCHI)
- California State Preschool Program (CSPP)
- Cal-SAFE
- CalWORKS Stage 2 Child Care (C2AP)
- CalWORKS Stage 3 Child Care (C3AP)
- Center for Clinical and Translational Research (CCTR)
- Food Stamps, EBT / CAIFresh Program / Supplemental Nutrition Assistance Program (SNAP)
- Free and Reduced School Lunch
- Head Start / Early Head Start
- Healthy Families / Children’s Health Insurance Program (CHIP)
- Licensed Foster Parent
- Low-Income Energy Assistance / Low-Income Home Energy Assistance Program (LIHEAP)
- Medicaid / Medi-Cal
- Temporary Assistance for Needy Families (TANF)
- Section 8 / Public Housing
- Women Infants and Children (WIC)

TO APPLY, PLEASE PROVIDE PROOF OF ONE OF THE FOLLOWING REQUIREMENTS, WITH CURRENT DATES. DO NOT SEND ORIGINALS.

*VALID FOR TWO ADULTS AND ALL CHILDREN DEPENDENTS
Name of Primary Member:__________________________________________
Mailing Address:__________________________________________________
City, Zip:________________________________________________________
Phone:__________________________________________________________
Email:___________________________________________________________

Name of Member #2:_______________________________________________
Birthdate (if child):_______________________________________________
Relationship (parent, caregiver, etc.):_______________________________

Name of Member #3:_______________________________________________
Birthdate (if child):_______________________________________________
Relationship:____________________________________________________

Name of Member #4:_______________________________________________
Birthdate (if child):_______________________________________________
Relationship:____________________________________________________

Name of Member #5:_______________________________________________
Birthdate (if child):_______________________________________________
Relationship:____________________________________________________

Name of Member #6:_______________________________________________
Birthdate (if child):_______________________________________________
Relationship:____________________________________________________

*If you have more than six individuals on your membership, please see a Museum Visitor Services Associate to add your additional members.

Optional Demographic Questions
San Diego Children’s Discovery Museum collects the below demographic data as a part of its funding agreement with the City of Escondido to support the Access for All Membership Program. **It is not required to answer the following questions and your responses will not impact eligibility for the membership program.** All answers will be kept confidential and shared anonymously.

Please check all that apply to you and your household.

- Latino/Hispanic
- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native and Black/African American
- Other/Multi-Racial
- Extremely Low Income (0-30% MFI)
- Low Income (>30-50% MFI)
- Moderate Income (>50-80% MFI)
- Experiencing Homelessness
- Female Headed Household
- Person Identifying as Disabled/Special Needs in Household