



# ACCESS FOR ALL MEMBERSHIP APPLICATION\*

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

## 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)
- 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)

\*VALID FOR TWO ADULTS AND ALL CHILDREN DEPENDENTS

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Turn in completed application and payment of \$40 to San Diego Children's Discovery Museum located at 320 N Broadway, Escondido, CA 92025

Name of Primary Member: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of Member #2: \_\_\_\_\_  
Birthdate (if cxhild): \_\_\_\_\_  
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.**

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