

Cuyamaca Child Development Center

Application for Child Services

Completing this form does not guarantee enrollment. Your child will be kept on the waiting list for any open spaces. You are responsible to notify us of any changes in your contact information. This institution is an equal opportunity provider. Fill-out & mail to: CDC, 900 Rancho San Diego Pkwy, El Cajon, CA. 92019

TODAYS DATE _____

START DATE (month/ year) _____

Parent/Guardian's name _____

Child's name _____ Birthdate ___/___/___

Address _____ City _____ Zip _____

Phone (day) _____ (eve) _____ (cell) _____

E-mail address _____

<p>Circle days interested in care-</p> <p style="text-align: center;">M T W Th F</p> <p><input type="checkbox"/> Flexible;#of days _____</p> <p><input type="checkbox"/> depends on class schedule</p>	<p>Circle hours of interest-</p> <p>7:45-5:15 (Full Day) 7:45-12:30 (Half Day)</p> <p>7:45-2:30 (3/4 Day) 9:00-12:00 (Preschool Only)</p>
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*Schedules for children will be determined by parents' class schedules that are attending college.

IMPORTANT- For students only- Funded Program Eligibility Information-

This section must be completed in order to determine eligibility. If the child is enrolled at the Center, the income indicated will need to be verified upon enrollment. Monthly income includes all income received by the household including employment, child support, Welfare, Cal Works, Unemployment, Financial Aid/Grants, work income.

Family Size- _____ Gross Monthly Income- _____ You; _____ Spouse; _____ Other

income source TANF/CalWorks

Status (please check one)

Student _____

Staff/Faculty _____

Community _____

How did you hear about our Center?

____ **Friend** ____ **Campus Referral** ____ **WEB Site** ____ **Student** ____ **Other**

Office Use Only	
Date called- _____	Initials- _____
Comments- _____	
Date called- _____	Initials- _____
Comments- _____	
Priority # _____	