

WAITING POOL APPLICATION

Cuyamaca College
 Child Development Center
 900 Rancho San Diego Parkway
 El Cajon, Ca 92019
 619-660-4660
 Cuyamaca.CDC@gcccd.edu

Completing this form does not guarantee enrollment.
 Completing this application and all required documentation places your child on the waiting list. This institution is an equal opportunity provider.

Today's Date ___/___/___ Staff/Faculty ___ Community ___

Child(ren) name _____ Birth date ___/___/___
 _____ Birth date ___/___/___
 _____ Birth date ___/___/___

Parent/Guardian's name _____

Address _____ City _____ Zip _____

Phone (home) _____ (cell) _____

E-mail address _____

<p>Select days interested in care-</p> <p>M T W Th F</p>	<p>Select hours of interest-</p> <p>8:30am-12:0am or 1:00pm-4:30pm</p> <p>(Half Day)</p> <p>8:00-2:30 (3/4 Day)</p> <p>7:30-4:30 (Toddler full day)</p> <p>7:30-5:00 (Preschool Full Day)</p>
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Has your child attended a program before? _____

Is your child current on immunizations? _____

The CDC follows the classified calendar of Cuyamaca College. A list of the scheduled days the Center is closed may be obtained at the front desk. Please note credits or refunds are not provided in case of a closure.

Office Notes:		
Date	Initials	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our Center?

___ Friend ___ Campus Referral ___ WEB Site ___ Student ___ Other