

CSUF STUDENT APPLICATION

CSUF CHILDREN'S CENTER
 P.O. Box 6828
 Fullerton, CA 92834-6828

Phone: 657-278-2961

Fax 657-278-5641

www.asi.fullerton.edu/cc



New application required each semester. Priority deadlines: 12/15 (for Spring) or 6/15 (for Fall)

It is in your best interest to provide all of the requested information accurately. Incomplete applications will be returned to the applicant.

Date of Application ____/____/____ For Fall 200__ For Spring 20__

Interested in care at campus Children's Center ____ and/or in an affiliated Family Child Care Home ____

Child: _____ Boy ____ Girl ____

Address: _____ Age ____ Birthdate ____/____/____

City _____ State ____ Zip _____ Home Phone: ____/____/____

Parent 1: _____ Live at home with child? ____

CWID # _____ Work Phone ____/____/____ Cell Phone ____/____/____

Email (print clearly) _____

Parent 2: _____ Live at home with child? ____

CWID # _____ Work Phone ____/____/____ Cell Phone ____/____/____

Email (print clearly) _____

What is (are) your child's home language(s)? _____

Are there any special accommodations we will need to make to meet your child's needs? _____

Siblings for whom child care application is also being submitted. *(Use separate application for each child.)*

Name: _____ Age: ____ Name: _____ Age: ____

Parent 1 and/or 2: Graduate Student ____ Undergraduate ____ Teaching Credential Program ____

Class standing as of last grade postings: Freshman ____ Sophomore ____ Junior ____ Senior ____

Total # of units this semester: ____ **Anticipated date of graduation** ____/____/____

Vocational/Professional goal (I plan to be a): _____

Priority for spaces at the Children's Center depends upon various factors, such as timeliness of application, date of entry on waiting list, family size and income. In addition, the amount of space available in each age range, day, and hours will be taken into consideration. Complete the information in the box if you think you might qualify for our state-subsidized program, based on income.

Names of ALL persons residing in the household	Age	Relationship to child(ren)	Employer or source of income	Frequency of pay (Weekly, 2 weeks, twice a month, monthly, varies)	GROSS amount including tips BEFORE deductions

Attach copies of two most recent paycheck stubs and a copy of most recent financial aid award letter. Please also attach any explanations that will help us understand your income and family.

See other side

Child's Name _____

For office use only:	
Age _____	Room _____ Rank _____ CDD _____
Family _____	Income _____ Wait List # _____ Application # _____
Sibling(s) and Room(s) _____	
Date Admitted _____	Wait List Card _____
CDD Appt _____	Teacher Intake Appt _____

COMPLETE THIS SECTION IN FULL

Specific Class Times (List specific start and ending times of all of your classes)	Study Time (non-class time)	Intern/Work Time (on or off campus?)
M _____	_____	_____
T _____	_____	_____
W _____	_____	_____
Th _____	_____	_____
F _____	_____	_____

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Circle Arrival Time	Circle Departure Time	Circle Arrival Time	Circle Departure Time	Circle Arrival Time	Circle Departure Time	Circle Arrival Time	Circle Departure Time	Circle Arrival Time	Circle Departure Time
7:45*	1:00	7:45*	1:00	7:45*	1:00	7:45*	1:00	7:45*	1:00
8:15	2:30	8:15	2:30	8:15	2:30	8:15	2:30	8:15	2:30
8:45	4:00	8:45	4:00	8:45	4:00	8:45	4:00	8:45	4:00
9:30	5:30	9:30	5:30	9:30	5:30	9:30	5:30	9:30	5:15
1:00 *	7:00	1:00 *	7:00	1:00 *	7:00	1:00 *	7:00	1:00*	
2:30 *		2:30 *		2:30 *		2:30 *			
4:00 *		4:00 *		4:00 *		4:00 *			
*may arrive 15 minutes early where indicated.									

Please mark with * any times that are flexible for you, and explain here.

Parent signature _____ Date: _____

I certify that all information provided on and with this application is true and correct.