APPLICATION FOR ADMISSION
NON-CSUF STUDENT

CSUF CHILDREN’S CENTER
P.O. Box 34080
Fullerton, CA 92634-9480
Phone: 657-278-2961
FAX 657-278-5641

READ AND COMPLETE THOROUGHLY!
Applications received by 12/15 or 6/15 will be reviewed first.

Date of Application _____/____/____ For Fall 201_ For Spring 201_

NAMES:

Child: ___________________________________________ Boy____ Girl____
Address: ______________________________________ Age____ Birthdate ____/____/____
City____________________________  State_____  Zip________   Home Phone: ____/_____________

Parent 1: ___________________________________________ Live at home with child? ______
Student I.D. #________________________________________ Work Phone____/_____________
Email (print clearly)________________________________________

Parent 2: ___________________________________________ Live at home with child? ______
Student I.D. #________________________________________ Work Phone____/_____________
Email (print clearly)________________________________________

Siblings for whom child care application Name: ________________________ Age: ________
is also being submitted. Name: ________________________ Age: ________
(Use separate form for each child.)

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

Work Information

Employed by: __________________________________________

Currently seeking employment? ______

Student at: (If other than Cal State Fullerton) __________________________________________

Please turn over
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**

List the exact times during which you desire child care:  
Reason for needing childcare

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<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>Circle Arrival Time</td>
<td>Circle Departure Time</td>
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*may arrive 15 minutes early where indicated.

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