APPLICATION FOR ADMISSION
NON-CSUF STUDENT

CSUF CHILDREN’S CENTER
P.O. Box 6828
Fullerton, CA 92834
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
Complete this section in full

List the exact times during which you desire child care:

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