



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/ 1 (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 20__ 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 ...): ___ Are you a veteran of the armed services? ___

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.

Table with 6 columns: 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.

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
7:30	12:45	7:30	12:45	7:30	12:45	7:30	12:45	7:30	12:45
8:45	2:15	8:45	2:15	8:45	2:15	8:45	2:15	8:45	4:00
9:30	4:00	9:30	4:00	9:30	4:00	9:30	4:00	9:30	5:15
12:45	5:30	12:45	5:30	12:45	5:30	12:45	5:30	12:45	
2:15	7:00	2:15	7:00	2:15	7:00	2:15	7:00		
4:00		4:00		4:00		4:00			

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.