

FALL 2021 CSUF STUDENT APPLICATION



Associated Students Inc., CSUF Children's Center
 P.O. Box 6828 Fullerton, CA 92834-6828
 Phone: 657-278-2961 Fax: 657-278-5641
<https://asi.fullerton.edu/childrens-center>

Important:

- **Fall 2021 Priority Application Deadline: 5/28/2021** ■ **New application required each semester.**
- **Incomplete applications will not be processed. Please provide all of the requested information accurately.**

Date of Application: ____ / ____ /2021

Child Full Name: _____ **Gender:** _____

Address: _____ **Age** ____ **Birthdate** ____ / ____ / ____

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

Parent 1 Full Name: _____ **Lives at home with child?** _____

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

Email (print clearly) _____

Parent 2 Full Name: _____ **Lives at home with child?** _____

CWID # _____ **Cell Phone** ____ / ____ **Work 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 a child care application is also being submitted. (*MUST* submit a separate application for *each* child.)

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

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

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

of enrolled units for Fall 2021 semester: _____ **Anticipated date of graduation** ____ / ____ / ____

*Submit a copy of your Fall 2021 class schedule with this application.

Vocational/Professional goal (I plan to be a): _____ **Are you a veteran of the armed services?** _____

Do you receive Financial Aid? _____ *If yes, submit a copy of your Financial Aid award letter with application.

Complete the information in the box below if you think you might qualify for our state-subsidized program, based on family size and income. Attach copies of your two most recent paycheck stubs and a copy of your most recent financial aid award letter. Please also attach any explanations that will help us understand your income and family size.

Names of ALL persons Residing in Household, including Child/ren	Age	Relationship to Child(ren)	Employer/Source of Income	Frequency of Pay: (Weekly, 2 Weeks, Twice a Month, Monthly, Varies?)	Gross Income per Pay Period (including tips and BEFORE deductions)

Continue Application on Back Side



Child's Full Name _____

FOR OFFICE USE ONLY:	
Age _____	Room _____ Rank _____ CDD _____
Family Size _____	Monthly Income _____ Wait List Date _____ Application Date _____
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?)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

CIRCLE THE DAYS AND TIMES YOU ARE REQUESTING CHILD CARE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Arrival Time <i>(Circle One)</i>	Departure Time <i>(Circle One)</i>	Arrival Time <i>(Circle One)</i>	Departure Time <i>(Circle One)</i>	Arrival Time <i>(Circle One)</i>	Departure Time <i>(Circle One)</i>	Arrival Time <i>(Circle One)</i>	Departure Time <i>(Circle One)</i>	Arrival Time <i>(Circle One)</i>	Departure Time <i>(Circle One)</i>
7:45am	1:00pm	7:45am	1:00pm	7:45am	1:00pm	7:45am	1:00pm	7:45am	1:00pm
8:30am	2:30pm	8:30am	2:30pm	8:30am	2:30pm	8:30am	2:30pm	8:30am	2:30pm
9:30am	4:00pm	9:30am	4:00pm	9:30am	4:00pm	9:30am	4:00pm	9:30am	4:00pm
	5:45pm		5:45pm		5:45pm		5:45pm		5:15pm

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

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

Parent Signature: _____

Date: _____