SPRING 2022 NON-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:
■ **Spring 2022 Priority Application Deadline: <u>12/3/2021</u>**   ■ **New application required <u>each </u>semester.**
■ **Submit completed applications to deihernandez@fullerton.edu**
■ **Incomplete applications will not be processed. Please provide all of the requested information accurately.**

Date of Application: _____

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.

<u>Note</u>: You <u>*MUST*</u> submit a separate application for <u>*each*</u> child.

Name: _____Age: ____   Name: _____Age: ____

Work/School Information:
Parent 1:
□ Employed By: _____
□ Currently Seeking Employment
□ Student at: (If other than CSUF) _____

Parent 2:
□ Employed By: _____
□ Currently Seeking Employment
□ Student at: (If other than CSUF) _____

Continue Application on Back Side ⟹

Child's Full Name: _____

COMPLETE THIS SECTION IN FULL

	List the exact times during which you desire child care:	Reason for needing child care:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

CIRCLE THE DAYS AND TIMES YOU ARE REQUESTING CHILD CARE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Arrival Time *(Circle One)*	Departure Time *(Circle One)*	Arrival Time *(Circle One)*	Departure Time *(Circle One)*	Arrival Time *(Circle One)*	Departure Time *(Circle One)*	Arrival Time *(Circle One)*	Departure Time *(Circle One)*	Arrival Time *(Circle One)*	Departure Time *(Circle One)*
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:** _____