



## Summer 2022 Enrollment: Application For New Families

**Email completed applications to Deisy Hernandez ([deihernandez@fullerton.edu](mailto:deihernandez@fullerton.edu))  
 Incomplete applications will be returned. Priority Application Deadline 4/29/2022**

**Application Date** \_\_\_/\_\_\_/22. Acceptances will be sent by 5/6. Families must confirm schedules by 5/11.

**Child:** \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

**Child:** \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_/\_\_\_\_\_

**Parent 1:** \_\_\_\_\_ Lives at home with child? \_\_\_\_\_

CWID # \_\_\_\_\_ Cell Phone \_\_\_\_\_/\_\_\_\_\_ Work Phone \_\_\_\_\_/\_\_\_\_\_

Email (print clearly) \_\_\_\_\_

**Parent 2:** \_\_\_\_\_ Lives at home with child? \_\_\_\_\_

CWID # \_\_\_\_\_ Cell Phone \_\_\_\_\_/\_\_\_\_\_ Work Phone \_\_\_\_\_/\_\_\_\_\_

Email (print clearly) \_\_\_\_\_

**Are there any special accommodations we will need to make to meet your child's needs? Please be specific.**

**Check all that apply:**

<input type="checkbox"/> CSUF Student Spring 2022	<input type="checkbox"/> CSUF Student Summer 2022	<input type="checkbox"/> CSUF Student Fall 2022	<input type="checkbox"/> CSUF Faculty/Staff	<input type="checkbox"/> Community Member
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**Do you wish to apply for state-subsidized child care through the California Department of Education/California Department of Social Services?**

	Yes	I am interested in applying for state subsidy. (Please see last page of application for information and additional documentation needed with your application.)
	No	I will pay hourly or weekly fees. (See rates below)

**Reason for Requesting Child Care during Summer 2022 — Mark all that apply:**

- \_\_\_ Summer Class Session: Circle A B C D E Class Times: \_\_\_\_\_
- \_\_\_ Summer Class Session: Circle A B C D E Class Times: \_\_\_\_\_
- \_\_\_ Internship Days and Hours: \_\_\_\_\_
- \_\_\_ Work Days and Hours: \_\_\_\_\_
- \_\_\_ Child Enrichment
- \_\_\_ Other: \_\_\_\_\_

Rates 4/1/2022-6/30/2022					Rates Effective 7/1/2022				
Child's Age	CSUF Student Rates		Non-CSUF Student Rates		Child's Age	CSUF Student Rates		Non-CSUF Student Rates	
	Hourly	Weekly	Hourly	Weekly		Hourly	Weekly	Hourly	Weekly
Under 18 Months	\$8.11	\$292.00	\$11.63	\$411.00	Under 18 Months	\$8.35	\$351.00	\$11.98	\$503.00
18 to 35 months	\$7.77	\$273.00	\$11.09	\$395.00	18 to 35 months	\$8.00	\$336.00	\$11.42	\$480.00
3 years and older	\$5.94	\$211.00	\$8.38	\$298.00	3 years and older	\$6.12	\$257.00	\$8.63	\$363.00
Sibling (over 3 years)	\$5.14	\$180.00	\$7.30	\$262.00	Sibling (over 3 years)	\$5.29	\$222.00	\$7.52	\$316.00

Child(ren's) Names: \_\_\_\_\_, \_\_\_\_\_

**IMPORTANT:**

Our Summer Program schedule is complex. We offer weekly sessions to accommodate the CSUF Summer classes as well as other family needs. Please carefully select the weeks, days and times that you need child care.

We must balance flexibility with necessary elements of program stability-- which means that we must maintain minimum enrollment levels. Therefore, we offer the following options:

- 1) Mondays and Wednesdays    2) Tuesdays and Thursdays    3) Fridays

You may choose one, two, or all three of these options each week (no Fridays only). If there are days you do NOT want, we will seek to find a child who can take those days; if we are successful, your child will be "unscheduled" for those days. **Minimum enrollment is for 3 weeks, 2 days per week and 9 hours per week.**

**\*Instructions:**

Mark the weeks you are requesting child care during summer. Then, circle the days and times you are requesting during those weeks.

**Note:** If you need two different schedules, please use another application to note weeks and times needed.

**CAREFULLY VERIFY WEEKS AND HOURS BEFORE SUBMITTING YOUR APPLICATION!**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Week 1: May 23-27                                       | <input type="checkbox"/> Week 5: June 20-24                                      | <input type="checkbox"/> Week 9: July 18-22                                       |
| <input type="checkbox"/> Week 2: May 30-June 3<br><i>Closed Monday, May 30th</i> | <input type="checkbox"/> Week 6: June 27-July 1                                  | <input type="checkbox"/> Week 10: July 25-29                                      |
| <input type="checkbox"/> Week 3: June 6-10                                       | <input type="checkbox"/> Week 7: July 4-July 8<br><i>Closed Monday, July 4th</i> | <input type="checkbox"/> Week 11: Aug 1-5   |
| <input type="checkbox"/> Week 4: June 13-17                                      | <input type="checkbox"/> Week 8: July 11-15                                      | <input type="checkbox"/> Week 12: Aug 8-11<br><i>Last Day: Thurs. August 11th</i> |

Mondays & Wednesdays		Tuesdays & Thursdays		Fridays	
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
8:30am	2:30pm	8:30am	2:30pm	8:30am	2:30pm
9:30am	4:00pm	9:30am	4:00pm	9:30am	4:00pm
1:00pm	5:45pm	1:00pm	5:45pm	1:00pm	5:15pm

**Please find a child to take our place on the following days—I understand that this may or may not be possible.**    Mondays    Tuesdays    Wednesdays    Thursdays

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:** \_\_\_\_\_

# Only complete if you are interested in applying for state subsidized childcare

If you marked on page 1 of the application that you are interested in applying for state-subsidized childcare through the California Department of Education/California Department of Social Services, please complete this form, attach all documents requested and submit with your 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. Also, please attach copies of your two most recent paycheck stubs and a copy of your most recent financial aid award letter.

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)

**If any, please include in the space below any explanations that will help us understand your income and family size.**

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

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_