

FALL 2020 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:

- Fall 2020 Priority Application Deadline: **6/15/2020** ■ New application required each semester.
- Incomplete applications will not be processed. Please provide all of the requested information accurately.

Date of Application: ____/____/2020

Child: _____ Male____ Female____

Address: _____ Age____ Birthdate ____/____/____

City _____ State____ Zip____ 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) _____

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.

Note: You MUST submit a separate application for each 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 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

	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)
7:30am	12:30pm	7:30am	12:30pm	7:30am	12:30pm	7:30am	12:30pm	7:30am	12:30pm
8:30am	4:00pm	8:30am	4:00pm	8:30am	4:00pm	8:30am	4:00pm	8:30am	4:00pm
9:30am	6:00pm	9:30am	6:00pm	9:30am	6:00pm	9:30am	6:00pm	9:30am	5:15pm
12:30pm		12:30pm		12:30pm		12:30pm		12:30pm	

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: _____