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) ________________________________
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

<table>
<thead>
<tr>
<th></th>
<th>List the exact times during which you desire child care:</th>
<th>Reason for needing child care:</th>
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<tbody>
<tr>
<td>Monday</td>
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<td>Tuesday</td>
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<td>Thursday</td>
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<td>Friday</td>
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CIRCLE THE DAYS AND TIMES YOU ARE REQUESTING CHILD CARE

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<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>Arrival</td>
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<td>Time</td>
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<td>Departure</td>
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<td>Time</td>
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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: ____________