

# FALL 2021 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 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?

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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 Full Name: \_\_\_\_\_

|                                    |  |
|------------------------------------|--|
| <b><u>FOR OFFICE USE ONLY:</u></b> |  |
| 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: |
|------------------|--|--------------------------------|
| <b>Monday</b>    |  |                                |
| <b>Tuesday</b>   |  |                                |
| <b>Wednesday</b> |  |                                |
| <b>Thursday</b>  |  |                                |
| <b>Friday</b>    |  |                                |

**CIRCLE THE DAYS AND TIMES YOU ARE REQUESTING CHILD CARE**

| MONDAY                              |                                       | TUESDAY                             |                                       | WEDNESDAY                           |                                       | THURSDAY                            |                                       | FRIDAY                              |                                       |
|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| Arrival Time<br><i>(Circle One)</i> | Departure Time<br><i>(Circle One)</i> | Arrival Time<br><i>(Circle One)</i> | Departure Time<br><i>(Circle One)</i> | Arrival Time<br><i>(Circle One)</i> | Departure Time<br><i>(Circle One)</i> | Arrival Time<br><i>(Circle One)</i> | Departure Time<br><i>(Circle One)</i> | Arrival Time<br><i>(Circle One)</i> | Departure Time<br><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:** \_\_\_\_\_