

FALL 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:

- Fall 2022 Priority Application Deadline: 6/15/2022 ■ New application required each 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.

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: _____

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)
7:45am	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
1:00pm	5:45pm	1:00pm	5:45pm	1:00pm	5:45pm	1:00pm	5:45pm	1:00pm	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: _____