SPRING 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:
■ Spring 2022 Priority Application Deadline: 12/3/2021  ■ 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: ___________________________________________ City____________________________  State_____  Zip________
Age ___ Birthdate ______/______/_____ 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

<table>
<thead>
<tr>
<th>List the exact times during which you desire child care:</th>
<th>Reason for needing child care:</th>
</tr>
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<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Thursday</td>
<td></td>
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<td>Friday</td>
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</tbody>
</table>

CIRCLE THE DAYS AND TIMES YOU ARE REQUESTING CHILD CARE

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>Arrival Time (Circle One)</td>
<td>Departure Time (Circle One)</td>
<td>Arrival Time (Circle One)</td>
<td>Departure Time (Circle One)</td>
<td>Arrival Time (Circle One)</td>
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<td>9:30am</td>
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</tbody>
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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: ________________