



**CHILD DEVELOPMENT LAB CENTER  
WAITLIST APPLICATION**



CHILD INFORMATION		
CHILD First Name:	CHILD Last Name:	CHILD Date of Birth:
Is child a Foster Child or have a CPS case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will child need medication while at child care? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any diagnosed medical/health conditions:	Does child need any food/meal accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:	

Parent A Information		
First Name:	Last Name:	Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other, List:	Email:	Cell Phone:
Address:	City:	Zip Code:
Are you enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student ID if enrolled at SDCCD?	Do you have a Bachelor's Degree of higher? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent A Monthly Income	
<b>Employment/Wages/Salary</b> - Monthly Amount Receive: \$	<b>Child or Spousal Support</b> - Monthly Amount Receive: \$
<b>Social Security</b> <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSP Monthly Amount Receive: \$	<b>Disability</b> - Monthly Amount Receive: \$
<b>Financial Aid</b> - Amount Awarded: \$	<b>CashAid / TANF / CalWORKS</b> - Monthly Amount Receive: \$
<b>Foster/Guardian Payments</b> - Monthly Amount Receive: \$	<b>Other Monthly Amount Receive</b> - List: \$

Parent A: List other children under who live with you and are your dependents.			
Child First Name	Child Last Name	Date of Birth	Is child a Foster Child or have an open CPS case?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent B Information		
<i>(Only complete this section if Parent B lives at same address and is responsible for any of the children listed above)</i>		
First Name:	Last Name:	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other, list	Email:	Cell Phone:
Is Parent B enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student ID if enrolled at SDCCD?	Does Parent B have a Bachelor's Degree of higher? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent B Monthly Income		
<b>Employment/Wages/Salary</b> - Monthly Amount Receive: \$	<b>Child or Spousal Support</b> - Monthly Amount Receive: \$	
<b>Social Security</b> <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSP Monthly Amount Receive: \$	<b>Disability</b> - Monthly Amount Receive: \$	
<b>Financial Aid</b> - Amount Awarded: \$--	<b>CashAid / TANF / CalWORKS</b> - Monthly Amount Receive: \$	
<b>Foster/Guardian Payments</b> - Monthly Amount Receive: \$	<b>Other Monthly Amount Receive</b> - List: \$	

I certify the information provided on this form is true to the best of my knowledge. I authorize the release of information to the San Diego Community College District Child Development Center & NHA Head Start program for eligibility, reporting, and to secure benefits or resources on my behalf, and for transfer and enrollment tracking and any other campus/district offices.

Signature of Parent A \_\_\_\_\_ Date \_\_\_\_\_

Signature Center Staff \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY			
Total Monthly Income: \$	Family Size:	Rank:	Child's Age as of December 1?:
Date:	Notes:		Initials:
Date:	Notes:		Initials:
Date:	Notes:		Initials: