



CHILD DEVELOPMENT LAB CENTER WAITLIST APPLICATION



CHILD INFORMATION		
CHILD First Name:	CHILD Last Name:	CHILD Date of Birth:
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 the 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 at SDCCD?	Do you have a Bachelor's Degree or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Parent A: List other children who live with you and are your dependents.			
Child First Name	Child Last Name	Date of Birth	Is the 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		
(Only complete this section if Parent B lives at the same address and is responsible for any of the children listed above)		
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 at SDCCD?	Does Parent B have a Bachelor's Degree or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent B Monthly Income		
Employment/Wages/Salary - Monthly Amount Receive: \$	Child or Spousal Support - Monthly Amount Receive: \$	
Social Security <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSP Monthly Amount Receive: \$	Disability - Monthly Amount Receive: \$	
Foster/Guardian Payments - Monthly Amount Receive: \$	CashAid / TANF / CalWORKS - Monthly Amount Receive: \$	
Other Monthly Amounts Receive - List and amount:		

Do either parents or any of the children on this application currently receive any of the following benefits?	
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> CalFresh <input type="checkbox"/> CA Food Assistance Prgrm <input type="checkbox"/> WIC <input type="checkbox"/> Federal Food Distribution Prgrm on Indian Reservations <input type="checkbox"/> Head Start/Early HS <input type="checkbox"/> CalWORKS	

I certify that 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:	



SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • COLLEGE OF CONTINUING EDUCATION

Family Language & Interest Interview Questionnaire

Child's Name _____

Today's Date _____

1.	Which language(s) does your child hear at home? <i>This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home.</i>	<input type="checkbox"/> English (00) <input type="checkbox"/> Spanish (01) <input type="checkbox"/> Russian (29)	<input type="checkbox"/> Farsi (Persian) (16) <input type="checkbox"/> Arabic (11) <input type="checkbox"/> French (17)	<input type="checkbox"/> Other (write below)
2.	Which language(s) does your child hear in their neighborhood and community? <i>For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Arabic <input type="checkbox"/> French	<input type="checkbox"/> Other (write below)
3.	Which language(s) does your child understand?	<input type="checkbox"/> English (00) <input type="checkbox"/> Spanish (01) <input type="checkbox"/> Russian (29)	<input type="checkbox"/> Farsi (Persian) (16) <input type="checkbox"/> Arabic (11) <input type="checkbox"/> French (17)	<input type="checkbox"/> Other (write below)
4.	Which language(s) does your child speak?	<input type="checkbox"/> English (00) <input type="checkbox"/> Spanish (01) <input type="checkbox"/> Russian (29)	<input type="checkbox"/> Farsi (Persian) (16) <input type="checkbox"/> Arabic (11) <input type="checkbox"/> French (17)	<input type="checkbox"/> Other (write below)

If you checked any language other than English in questions 1-4, complete the questions below ↓

5.	What are your child's interests and favorite activities? <i>For example, does your child have favorite stories, books, and songs.</i>			
6.	What are some strengths you see in your child that we can build on? <i>For example, do they like to build things, do art, etc.</i>			
7.	How can we help support your child's language and development at home? <i>For example, books to read at home, materials, activity ideas.</i>			
8.	Which language(s) does your child speak the most at home? <i>Young children love to talk, read, sing and are able to learn all the languages around them.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Arabic <input type="checkbox"/> French	<input type="checkbox"/> Other (write below)
9.	What language(s) does your child speak with their siblings, grandparents, other family members? <i>We want to best support your child's language development and understand what language(s) they speak with family members.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Arabic <input type="checkbox"/> French	<input type="checkbox"/> Other (write below)
10.	Which language(s) does your child speak the most overall? <i>This would be inside and outside of the home combined.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Arabic <input type="checkbox"/> French	<input type="checkbox"/> Other (write below)
11.	In what language would you prefer to receive written communication from us? <i>While we would like to be able to accommodate all requests for written communication in a parent's requested language, our program may not be able to translate written communication materials into that language.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Arabic <input type="checkbox"/> French	<input type="checkbox"/> Other (write below)
12.	In what language would you prefer us to communicate verbally with you? <i>While we would like to be able to accommodate all requests for verbal communication in a parent's requested language, our program may not be able to offer translation into that language.</i>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Arabic <input type="checkbox"/> French	<input type="checkbox"/> Other (write below)

Staff: Please provide a copy of this questionnaire to the child's teacher if any question in 5-12 was answered.