



SAN DIEGO COMMUNITY COLLEGE DISTRICT

WAITLIST APPLICATION LETTER

Child Development Center: ☐ City ☐ Mesa ☐ Miramar

Dear Family:

Thank you for your interest in our Child Development Center.

Our Centers offer free or low-cost child care **for children ages 2 – 5 years of age, and 4 months – 5 years** at City College Early Education Center. Our Centers are laboratory schools where college students learn to study the growth and development patterns of young children. Our teaching staff provides a rich variety of activities to help encourage children to have a sense of self-worth and creative expression.

Our Centers are funded by the California Department of Education (CDE), California Department of Social Services (CDSS), Child and Adult Care Food Program (CACFP), and the San Diego Community College District (SDCCD). City and Mesa College Child Development Centers also offer a collaboration of Head Start services with the Neighborhood House Association.

We are open during the Fall and Spring Semesters and follow the San Diego Community College District academic calendar.

Please complete the attached application and return it with the following documentation:

- ☒ **copies of your last month's income** (pay stubs, CalWORKs notice, etc.)
- ☒ **copies of birth certificates for all your children under 18 years old**

Once your application is received it will be ranked according to the CDE / CDSS guidelines (see the back of this letter). Once an opening occurs, we will contact the highest-ranked family on the waitlist.

Please call our Center at (619) _____ if you have any questions. Thank you for your interest in our program.

Sincerely,

San Diego Community College District
Child Development/Early Education Centers

City College Early Education Center
1313 Park Blvd., Building EEC
San Diego, CA 92101
M-Th 7:30 – 4:00 / F 7:30-12:30

Mesa College Child Development Center
7250 Mesa College Drive, Building R-100
San Diego, CA 92111
M-Th 7:30 – 4:00 / F 7:30-12:00

Miramar College Child Development Center
10440 Black Mtn. Road, Building F-200
San Diego, CA 92126
M-Th 7:45 – 4:00 / F 7:45-1:00



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The Centers have very specific enrollment processes tied to Ed Code and State contract compliance.

The order of enrollment priorities at the Centers are as follows:

1. [CCTR](#) General Child Care and Development
 - a. **FIRST PRIORITY:** [SDCCD College Students](#) with children 0 to 36 months old who have need (school, work, job or housing search, etc.)
 - i. a1. First: Children who are recipients of CPS/Children at Risk
 - ii. a2. Second: Families with the lowest documented family income under/at 85% of SMI
 - b. **SECOND PRIORITY:** the Public, including any employees, faculty, etc., with children 0 to 36 months old who have need (school, work, job or housing search, etc.)
 - i. b1. First: Children who are recipients of CPS/Children at Risk
 - ii. b2. Second: Families with the lowest documented family income under/at 85% of SMI
2. [CSPP](#) California State Preschool Program (Full-Day)
 - c. **FIRST PRIORITY:** [SDCCD College Students](#) with children 3 – 5 years old
 - i. c1. First: Children who are recipients of CPS/Children at Risk
 - ii. c2. Second: Families with the lowest documented income and who have a 3 or 4-year-old child with an Individualized Education Plan
 - iii. c3. Third: 4-year-old children with families who have the lowest income under/at 100% of SMI
 - iv. c4. Fourth: 3-year-old children with families who have the lowest income under/at 100% of SMI
 - v. c5. Fifth: Families whose income is no more than 15% above the SMI
 - vi. c6. Families with 3 or 4-year children that meet eligibility criteria without having a need for services.
 - vii. c7. Sixth: SDCCD was approved for a waiver to include children living in Mesa and City's Free Reduced Program Meal (FRPM) boundaries
 - d. **SECOND PRIORITY:** the Public, including any employees, faculty, etc., with children 3 – 5 years old
 - viii. d1. First: Children who are recipients of CPS/Children at Risk
 - ix. d2. Second: Families with the lowest documented income & who have a child with an Individualized Education Plan
 - x. d3. Third: 4-year-old children with families who have the lowest income under/at 100% of SMI
 - xi. d4. Fourth: 3-year-old children with families who have the lowest income under/at 100% of SMI
 - xii. d5. Fifth: Families whose income is no more than 15% above the SMI
 - xiii. d6. 3 or 4-year children from families that meet eligibility criteria without having a need for services.
 - xiv. d7. Sixth: SDCCD was approved for a waiver to include children living in Mesa and City's Free Reduced Program Meal (FRPM) boundaries.

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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		
<i>(Only complete this section if Parent B lives at the 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 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.