



**CHILD DEVELOPMENT LAB CENTER  
WAITLIST APPLICATION**



**CHILD INFORMATION**

First Name:		Last Name:		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>Workman's Comp</b> - Monthly Amount Receive: \$	<b>CashAid / TANF / CalWORKS</b> - Monthly Amount Receive: \$
<b>Foster/Guardian Payments</b> - Monthly Amount Receive: \$	<b>Other Monthly Amount Receive - List:</b> \$

**Parent A: List other children under who live with you and are dependents of yours.**

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**

*(Only complete this section if Parent B lives at same address and is responsible for any of the children listed above OR is married to Parent A)*

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>Workman's Comp</b> - Monthly Amount Receive: \$	<b>CashAid / TANF / CalWORKS</b> - Monthly Amount Receive: \$
<b>Foster/Guardian Payments</b> - Monthly Amount Receive: \$	<b>Other Monthly Amount Receive - List:</b> \$

*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:	