

# Cabrillo College Children's Center Eligibility List Application

6500 Soquel Dr. Aptos, CA 95003

(831) 479-6352

Age of child at time of application: \_\_\_\_\_

## THIS APPLICATION PLACES YOUR CHILD ON OUR ELIGIBILITY LIST

We will contact you when we have a space available for your child. Please be aware that we do not necessarily offer spaces on a first come-first served basis. We follow a priority list set by Cabrillo College and our funding sources to determine who is offered services.

This application must be updated each Spring Semester. We will send you an update form.

**Inform us of any changes to your phone or address by calling (831) 479-6352.**

### GENERAL INFORMATION

Child's Name \_\_\_\_\_  Female  Male Birth date \_\_\_\_\_

Have any of your children attended the Cabrillo College Children's Center at any time in the past?

Yes  No If yes, what year \_\_\_\_\_

Child's previous group care experience (i.e. daycare, preschool, playgroup)

\_\_\_\_\_

Parent/Legal guardian # 1 \_\_\_\_\_ What is your Cabrillo affiliation? (check one)

It is very important that we have the name and address of both parents even if you are not living together

Address \_\_\_\_\_ Student – under 9 units

Street City Zip Student – over 9 units

Phone ( ) \_\_\_\_\_ Employed?  Yes  No Cabrillo Faculty / Staff (specify)

Occupation \_\_\_\_\_ Community member

Social Security Number/Cabrillo ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

If you are a student, what is your area of study? i.e. general; nursing; ECE; computer science; etc.

\_\_\_\_\_

Parent/Legal guardian # 2 \_\_\_\_\_ What is your Cabrillo affiliation? (check one)

Address \_\_\_\_\_ Student – under 9 units

Street City Zip Student – over 9 units

Phone ( ) \_\_\_\_\_ Employed?  Yes  No Cabrillo Faculty / Staff (specify)

Occupation \_\_\_\_\_ Community member

Social Security Number/Cabrillo ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

If you are a student, what is your area of study? i.e. general; nursing; ECE; computer science; etc.

\_\_\_\_\_

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**Please indicate (optional):**

Ethnic / Racial background

Language(s) spoken

Parent/Legal guardian #1 \_\_\_\_\_

\_\_\_\_\_

Parent/Legal guardian #2 \_\_\_\_\_

\_\_\_\_\_

Child \_\_\_\_\_

\_\_\_\_\_

8:30-1:00

**FAMILY SIZE**

List all adults and children living in the child's home (including parents/legal guardians):

Name (s) of adults and children

Age

Relationship to child you wish to enroll

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Would you be interested in more information about our Casa Pequeña Licensed Family Child Care Homes Program?**    **Yes**    **No**

**PAYMENT INFORMATION**

(Check one box below)

I currently receive or expect to receive childcare fee assistance from an outside agency or other source.

Circle the source. **Calworks HRA, VOUCHER, FAST TRACK, OTHER** (explain) \_\_\_\_\_

**I am requesting fee assistance.** Check here if you want us to see if you are qualified for childcare fee assistance from our State grants. **You will need to complete the "fee-assistance income information" sheet on the next page.** We can not consider your request for fee assistance unless you complete that form.

**I am not requesting fee assistance.** Check here if you expect to pay your own childcare fees. We call this a full-fee paying space. **You do not** have to complete the next page.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application date \_\_\_\_\_

Age/eligibility \_\_\_\_\_

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## FEE-ASSISTANCE INCOME INFORMATION

**Note: If you are applying for a full-fee paying space, do not complete the information on this page.**

We have a variety of funding sources available to our families. Each source has specific eligibility requirements. To be considered for fee assistance you must complete this form. We need accurate, detailed information about your gross monthly income. Please list all sources of gross monthly income which apply to your family at the time of enrollment. **DO NOT include child support, social security, financial aid, work study, grants and loans for educational purposes.** They are not counted as a part of "gross monthly income" according to state guidelines so should not be included. If your child is accepted into our program, you will be required to submit current income documentation from all sources at the enrollment interview.

	Parent/Legal guardian # 1	Parent/Legal guardian # 2
Wages (list your monthly gross, other than financial aide, work study, grants/loans etc.) \$	_____	\$ _____
TANF (formerly known as AFDC) / Other forms of public assistance (do not include food stamps)	\$ _____	\$ _____
Alimony (Monthly amount)	\$ _____	\$ _____
Worker's Compensation or Disability	\$ _____	\$ _____
Unemployment Insurance	\$ _____	\$ _____
Other income (specify) _____	\$ _____	\$ _____
Total gross monthly household income \$		_____

### **Tell us your need for child care:**

In order for you to qualify for funding from some of our State grants, you must have a "demonstrated need" for child care that falls in the State's guidelines. Please answer all questions below.

Does the child who is enrolling have special needs?  Yes  No...If yes, briefly describe: \_\_\_\_\_

Has your child ever been assessed or evaluated for these special needs?  Yes  No

Does your child have a Special Ed. Individual Education Plan (IEP?)  Yes  No

Is the child you are enrolling a foster child?  Yes  No

Is the parent/caretaker of the child who is enrolling incapacitated due to medical or psychiatric special needs?  Yes  No

Check if you are receiving services from:  Child Protective Services  Families in Transition  any services for the homeless

### Parent / Legal Guardian # 1

In training/education.....  Full time  Part time  No

Name of school.....

Employed.....  Yes  No

Occupation \_\_\_\_\_

Employment Schedule.....  full time  part time (less than 30 hrs)

Seeking Employment.....  Yes  No

Incapacitated.....  Yes  No

If yes, please explain \_\_\_\_\_

### Parent / Legal Guardian # 2

In training/education.....  Full time  Part time  No

Name of school.....

Employed.....  Yes  No

Occupation \_\_\_\_\_

Employment Schedule.....  full time  part time (less than 30 hrs)

Seeking Employment.....  Yes  No

Incapacitated.....  Yes  No

If yes, please explain \_\_\_\_\_

I have read the instructions for completing this form and, to the best of my knowledge, have answered the questions truthfully with regard to both income and needs criteria. I understand that it is my responsibility to notify the Cabrillo College Children's Center of any changes in this information.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date