SAN DIEGO COMMUNITY COLLEGE DISTRICT

CHILD DEVELOPMENT CENTER
WAITLIST APPLICATION

City & Mesa CDC
in collaboration with

Neighborhood House Association

CHILD'S INFORMATION	Does child have an IEP or IFSP?	Is child a Foster Child or has a CPS case?
First Name _____ **Last** _____ **Date of Birth** _____	☐No ☐Yes ☐In Progress	☐No ☐Foster ☐CPS

List any diagnosed medical/health conditions of child or ☐None:	Will child need medication at school?: ☐No ☐Yes ☐Maybe

Name Parent/Guardian **A**: ☐ Check here if you are a single parent	a. Total GROSS Monthly Income (before taxes): $_____
	b. Are you working? ☐Yes ☐No
Primary Languages Spoken? ☐English ☐Other (list)	c. How often do you get paid? ☐Monthly ☐Every 2 weeks ☐Twice a month ☐Weekly ☐Self Employed

Current Address:		Apt #:
City:	State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	
Parent A enrolled/enrolling in classes? ☐Yes ☐No	Student ID:	Email:

PARENT/GUARDIAN B INFORMATION

Name Parent/Guardian **B**:	d. Total GROSS Monthly Income (before taxes): $_____
	e. Are you working? ☐Yes ☐No
Primary Languages Spoken? ☐English ☐Other (list)	f. How often do you get paid? ☐Monthly ☐Every 2 weeks ☐Twice a month ☐Weekly ☐Self Employed

Current Address:		Apt #:
City:	State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	
Parent B enrolled/enrolling in classes? ☐Yes ☐No	Student ID:	Email:

LIST OTHER CHILDREN UNDER 18 YEARS OF AGE IN HOME:

NAME	DATE OF BIRTH	Is child a Foster Child or has a CPS case?
		☐No ☐Foster ☐CPS
		☐No ☐Foster ☐CPS
		☐No ☐Foster ☐CPS

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:	Date:
Signature of Staff:	Date:

OFFICE USE ONLY			
Monthly Income:	Family Size:	Rank:	Age as of September 1:
Date:	Initials:	Notes:	
Date:	Intials:	Notes:	
Date:	Initials:	Notes:	

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