For Office Use Only

❑ Fall ❑ Spring ❑ Summer

Received on: _____

Rank: _____

Eligibility List Information

Mt. San Jacinto College
Child Development and Education Lab Center
1499 N. State Street
San Jacinto, CA 92583
(951) 487-3605

Date: _____

Name of Parent(s) / Guardian(s) in the home:

_____ _____
Mother's Last Name First Name Father's Last Name First Name

Mailing Address: _____
Street Apt. # City Zip Code

( ) _____ ( ) _____ ( ) _____
Home Telephone Work Telephone Cell Telephone

Children (in need of care):

First / Last Name	Male / Female	Birth Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other children in the home:

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Total number of persons in basic family unit (related by blood, marriage or adoption): _____

Care needed:	❑ Monday	❑ Tuesday	❑ Wednesday	❑ Thursday	❑ Friday
Hours needed:	_____	_____	_____	_____	_____

Financial Needs Assessment

In order to help us determine eligibility for financial assistance, please provide the following information:

Have you received cash aid (TANF/AFDC) within the past 24 months? ❑ Yes ❑ No

If yes, on what date did this aid end? _____

Are you <u>currently</u> receiving cash aid for: yourself? ❑ Yes ❑ No your children? ❑ Yes ❑ No
Please check all applicable boxes below:

❑ Single-parent family: ❑ Working ❑ Looking for work ❑ In school
❑ Two-parent family:
- ❑ Mother: ❑ Working ❑ Looking for work ❑ In school
- ❑ Father: ❑ Working ❑ Looking for work ❑ In school

Continued on back

Estimated gross monthly income from **ALL SOURCES** including salary **before** taxes, child support, alimony, TANF/AFDC, unemployment, etc.: $ _____

Do you pay **COURT ORDERED CHILD SUPPORT** for any child/ren not living with you?
❑ Yes ❑ No If yes, amount $ _____

Who is currently caring for your child/ren? _____
Is this licensed childcare? ❑ Yes ❑ No
Are you transferring from other subsidized childcare? ❑ Yes ❑ No If yes, please specify _____

_____

Is this a Social Services Referral? ❑ Yes ❑ No If yes, please specify _____

_____

To enable the Child Development and Education Center to address the physical, cognitive, emotional and social needs of your child/ren, please respond to the following statements as completely as possible:

Does your child/ren have specific physical, cognitive, emotional and/or social needs? ❑ Yes ❑ No

If yes, please identify each child and describe his/her specific need/s: ___ _____

_____

_____

_____

_____

Has the need/s of your child/ren been professionally diagnosed? ❑ Yes ❑ No
If yes, please identify the resources that are currently helping to meet the need/s of your child/ren:

_____

_____

Additional comments or special concerns: _____

_____

_____

_____

To the best of my knowledge, I have responded completely and accurately to the above statements.

_____ _____
Parent / Guardian Signature Date

Please contact the center immediately if there are changes in your address, telephone, income, etc.

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Reviewed by: _____

Date: _____

REC: _____