MSJC Mt. San Jacinto College
Child Development & Education Center

Waitlist Interest Form

Full-day Childcare- Toddler

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

For Office Use Only

☐ Fall ☐ Spring ☐ Summer

Received on _____

By _____ Rank _____

Date: _____

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

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

Mailing Address: _____
Street Apt # City Zip

( ) _____ ( ) _____ ( ) _____
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): _____

Is your family's home language a language other than English? ☐ Yes ☐ No

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:

Student Parents: Are you currently receiving or eligible for a PELL grant: ☐ Yes ☐ No

Have you received cash aid within the past 24 months? ☐ Yes ☐ No

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

Are you currently 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:

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☐ Mother: ☐ Working ☐ Looking for work ☐ In School
☐ Father: ☐ Working ☐ Looking for work ☐ In School

Estimated gross income* from **ALL SOURCES** including salary **before** taxes, child support, alimony, cash aid, unemployment, etc.: $ _____

***Gross income is earnings before anything is taken out – taxes, insurance, etc.**

Do you pay **COURT ORDERED CHILD SUPPORT** for any child/ren not living with you?

☐ Yes ☐ No If yes, amount $ _____
(Outgoing child support must be documented)

Who is currently caring for your child/ren? _____
Is this licensed childcare? ☐ Yes ☐ No
Are you transferring from another 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 statement 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 needs:

_____
_____
_____
_____

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:

_____
_____
_____
_____

Does your child currently have an Individualized Education Program (IEP), IFSP or 504 Plan?
☐ Yes ☐ No ☐ In Process

If yes, please attach a copy or describe key supports and goals outlined in the plan:

_____
_____
_____
_____

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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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Office Only:

Eligibility Category (Select all that apply)

- ☐ Low-income household (meets income guidelines)
- ☐ Receiving public assistance (e.g., CalWORKs, SNAP/CalFresh, SSI)
- ☐ Foster child or court-dependent child
- ☐ Child with identified IEP and or IFSP
- ☐ Parent/guardian enrolled in school or job training
- ☐ Working full-time or part-time
- ☐ Single-parent household
- ☐ None of the above (general eligibility review required)

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2. Primary Reason for Need (Select one)

- ☐ Employment (need child care to work)
- ☐ Education / training program
- ☐ Seeking employment (job search)
- ☐ Protective services / mandated referral
- ☐ Family crisis or temporary hardship
- ☐ Other: _____

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3. Household Information (for eligibility verification)

- Total monthly household income: $_____
- Number of people in household: _____
- Number of children needing care: _____
- Ages of children: _____