

Waitlist Interest Form

Full-day Childcare-Toddler & Preschool

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:

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/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.