

Enrollment/Waitlist

YUBA COMMUNITY COLLEGE DISTRICT
CHILD DEVELOPMENT PROGRAM
2088 North Beale Road
Marysville CA 95901

Ranking # _____

Date _____

Clear Lake Campus
707-995-7909

Yuba College
530-749-3808

Woodland Campus
530-661-5773

1. **Check one:** Single parent Two parent Guardianship 2. **Total number of people in your family:** _____

3. **PRIMARY APPLICANT: Relationship to child?** _____

First name _____ Middle initial _____ Last name _____

Address _____ City _____ State: CA Zip Code _____ County _____

(____) _____ (____) _____ (____) _____

Home phone _____ Work phone _____ Cell Phone _____ Spoken language preference _____ Paperwork language Preference _____

Check all that apply: Student Working Searching for work Incapacitated Homeless CPS/At Risk

4. **SECONDARY APPLICANT (other parent/guardian living in the home): Relationship to child?** _____

First name _____ Middle initial _____ Last name _____

Address _____ City _____ State: CA Zip Code _____ County _____

(____) _____ (____) _____ (____) _____

Home phone _____ Work phone _____ Cell Phone _____ Spoken language preference _____ Paperwork language Preference _____

Check all that apply: Student Working Searching for work Incapacitated Homeless CPS/At Risk

5. Child(ren) to be enrolled or waitlisted:

Last name	First name	Birth date	Age	Primary Language	Sex (M/F)
1.					
2.					
3.					
4.					

6. List all other persons residing in your home:

Full Name	Birth date	Age	Relationship to primary applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please complete reverse side →

7. Current source(s) of gross monthly income: (before taxes and deductions)

PRIMARY APPLICANT

Wages: Hourly Weekly
 Bi-weekly Monthly
 Seasonal \$ _____

Cash aid \$ _____

Child support Received \$ _____

Spousal support \$ _____

Unemployment \$ _____

Disability: Temporary Permanent \$ _____

SSI/SSP: Temporary Permanent \$ _____

Other: _____ \$ _____

SECONDARY APPLICANT

Wages: Hourly Weekly
 Bi-weekly Monthly
 Seasonal \$ _____

Cash aid \$ _____

Child support Received \$ _____

Spousal support \$ _____

Unemployment \$ _____

Disability: Temporary Permanent \$ _____

SSI/SSP: Temporary Permanent \$ _____

Other: _____ \$ _____

8. Are you and/or the secondary applicant paying child support?

Primary applicant: No _____ Yes _____ Monthly amount \$ _____

Secondary applicant: No _____ Yes _____ Monthly amount \$ _____

9. TOTAL MONTHLY GROSS INCOME \$ _____

10. Would you be interested in a 9am-Noon state preschool program? No ___ Yes ___

11. Do you have an open case with Child Protective Services or is your child identified as At Risk?

No _____ Yes _____

(Attach CPS/At Risk referral letter from a social, legal, or medical professional. Include the name, address, phone number and signature of the child(ren)'s case worker.)

I verify that the above information is complete and true. I understand that my family's eligibility will be based on the information given here. I understand that I am responsible for updating any changes to my information. I give approval for my eligibility information to be shared with any other state funded programs for determining eligibility to receive child care services.

Signature _____ Date _____

Office Use Only: