



Application (2 m - 5 years)

Please Note: Priority goes to low-income CSU students

Date of Application _____ Number in Family _____

Application for admission Fall / Spring of _____ Anticipated graduation date: _____

Parent (guardian) Status CSUC Student Butte College Community

CHILD'S NAME _____ **DATE OF BIRTH** _____ Sex _____

PARENT #1 _____ PARENT #2 _____

College/Employment _____ Living in home with child? YES NO
College/Employment _____

Siblings Living at Home:

Name _____	M F	Date of Birth _____
Name _____	M F	Date of Birth _____
Name _____	M F	Date of Birth _____
Name _____	M F	Date of Birth _____

Household GROSS monthly income (for both live in parents) including wages from:

Employment, Child/Spousal Support, Unemployment, Worker's Comp.... \$ _____ **per month**
(Proof of income will be required prior to enrollment)

Do you receive WIC? YES NO

Do you receive Public Assistance, Cal Works or TANF? YES NO \$ _____ per month

Do you receive (SNAP) Cal Fresh? YES NO Cal Fresh ID# _____

Do you receive Financial Aid, Grants, Scholarships (EXCLUDING LOANS)? YES NO

Are you or your child covered by Medi- Cal? YES NO

Do you receive the Pell Grant? YES NO (if unsure, please contact the Financial Aid & Scholarship Office at 530-898-6451 or go to <http://www.csuchico.edu/fa/index/shtml> for more information)

What is your child's primary home language? _____

Does your child have exceptional needs and/or have an IFSP, IEP? YES NO

Explain _____

Does your child have any allergies or dietary restrictions? YES NO

Explain: _____

Please Note:

* The ASCDL does not offer drop in care and requires a 2 day / 10 hour minimum to enroll. *

Share any additional information relevant to enrolling your child-

PARENT SIGNATURE _____ PHONE# _____

Address _____ EMAIL _____

AS CHILD DEVELOPMENT LAB PHONE # 530-898-5865 FAX # 898-5639 EMAIL: ascdl@csuchico.edu