Child Development Lab
Associated Students Chico State

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 <u>GROSS</u> monthly income (for both live in parents) including wages from:

Employment, Child/Spousal Support, Unemployment, Worker's Comp…. $_____ **per month**
(<u>Proof of income</u> 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

EARLY HEAD START-CHILD CARE PARTNERSHIP (EHS-CCP) APPLICATION

Please attach the following: • Income -12 months (1040, W-2s, TANF voucher, etc.) • Proof of Birth • Immunizations

CHILD APPLICANT INFORMATION			
Child First and Last Name:			Family Member of Head Start Staff? □ No □ Yes: Name:
DOB:	Gender: M F	Child Language:	Primary Language at Home:
Child Race (check all that apply): Hispanic: □ Yes □ No □ American Indian/Alaska Native □ Asian □ Black/African American □ White □ Native Hawaiian/Pacific Islander □ Multi-racial/Bi-racial (List):_____ □ Other: _____ □ Unspecified			
Living Address, City, State, Zip:			
Work Phone:	Cell Phone:		Shared housing/Homeless: □ Yes □ No
Primary Health Coverage: □ None □ Medi-Cal □ Other/Private (list):			
Does your child have a disability or special need? □ No □ Yes: □ Suspected □ Diagnosed			
Does your child have any medical concerns? □ No □ Yes (list):			
Doctor Name/Address/Ph:			
Dentist Name/Address/Ph:			
Referred by Child Welfare Agency: □ Yes □ No Do you receive WIC? □ Yes □ No	Do you receive TANF of SSI? □ Yes □ No SNAP (CalFresh)? □ Yes □ No		Active Duty Military? □ Yes □ No Parent/Guardian is a U.S Veteran? □ Yes □ No Parental Status: □ Single Parent □ Two

LIST ALL PERSONS LIVING IN THE HOUSEHOLD, SUPPORTED BY THE INCOME OF THE PARENTS/GUARDIANS OF THE CHILD ENROLLED AND RELATED TO THE PARENTS BY BLOOD, MARRIAGE OR ADOPTION:

1) PRIMARY ADULT FIRST/LAST NAME	DOB	RACE	HISPANIC	GENDER
			□ Yes □ No	M F
RELATIONSHIP TO CHILD (Father, mother, grandparent, foster parent, etc.)	**EMPLOYMENT STATUS** (Full/Part-time; Unemployed, Seasonal; Training etc.)		**HIGHEST GRADE COMPLETED** (HS Diploma; GED; AA/BA; training certificate; etc.)	
2) SECONDARY ADULT FIRST/LAST NAME	**DOB**	**RACE**	**HISPANIC**	**GENDER**
			□ Yes □ No	M F
RELATIONSHIP TO CHILD (Father, mother, grandparent, foster parent, etc.)	**EMPLOYMENT STATUS** (Full/Part-time; Unemployed, Seasonal; Training etc.)		**HIGHEST GRADE COMPLETED** (HS Diploma; GED; AA/BA; training certificate; etc.)	
3) OTHER ADULT FIRST/LAST NAME	**DOB**	**RACE**	**HISPANIC**	**GENDER**
			□ Yes □ No	M F
RELATIONSHIP TO CHILD (Father, mother, grandparent, foster parent, etc.)	**EMPLOYMENT STATUS** (Full/Part-time; Unemployed, Seasonal; Training etc.)		**HIGHEST GRADE COMPLETED** (HS Diploma; GED; AA/BA; training certificate; etc.)	

OTHER CHILDREN IN HOME

FIRST AND LAST NAME	DOB	RACE	GENDER	RELATIONSHIP TO PRIMARY ADULT
			M F	
			M F	
			M F	
			M F	

□ **I consent for exchange of eligibility information if needed (i.e. 3rd party income verification).**

I certify under penalty of perjury that the information in this enrollment packet is true and complete to the best of my knowledge. If any part is false or omitted, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency.

PARENT/GUARDIAN SIGNATURE _____ DATE _____