NOTE: **Priority** given to low income students

Child Development Lab
Associated Students Chico State

EMAIL: ascdl@csuchico.edu
PH# 530-898-5865
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APPLICATION (2 months to 24 months)

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 DOB _____

Name _____ M/F DOB _____ Name _____ M/F DOB _____

Name _____ M/F DOB _____ Name _____ M/F DOB _____

Household <u>GROSS</u> 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 Public Assistance, Cal Works or TANF? ☐ YES ☐ NO $_____ **per month**
Do you receive (SNAP) Cal Fresh? ☐ YES ☐ NO Cal Fresh ID#_____
Are you or your child covered by Medi- Cal? ☐ YES ☐ NO
Do you receive the Pell Grant? ☐ YES ☐ NO

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: _____

_____

How did you hear about the Associated Students Child Development Lab?

_____

Please Note: * The ASCDL does not offer drop in care and requires a <u>2 day / 10 hour minimum</u> to enroll. *
Share any additional information relevant to enrolling your child-

_____

_____

PARENT SIGNATURE_____ PHONE#_____
Address_____ EMAIL _____

Please attach the following: ● Income -12 months (1040, W-2s or VOB, etc.) ● Proof of Birth ● Immunizations

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

CHILD APPLICANT INFORMATION					
Child First and Last Name:				Family Member of Head Start Staff? □ No □ Yes: Name:	
DOB:		Was the child premature? □ No □ Yes: If yes, how many weeks?		Gender: □ M □ F	
Child Language:		Primary Language at Home:		Acquiring/Learning another language in addition to English: □ Yes □ No	
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:					
Shared housing/Homeless: □ Yes □ No	Primary Phone:		*Primary Email:		
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 SSI? □ Yes □ No		Active Duty Military? □ Yes □ No		
Do you receive WIC? □ Yes □ No	CalWorks/CalFresh? □ 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).** □ ***Opt in for EHS email notices**

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