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 (25 months to 5 years)

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 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 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 2 day / 10 hour minimum to enroll. *

Share any additional information relevant to enrolling your child-

_____

_____

PARENT SIGNATURE_____ PHONE#_____

Address____ EMAIL ___________________________________