

Infant and Toddler Application (ages 0 mos. to 34 mos.)

Page 1 of 2

AS CHILD DEVELOPMENT LAB APPLICATION

California State University, Chico

(Fax to 530/898-5639)

Priority goes to low-income CSU students then income qualified families.

Date of Application _____

Number in Family _____

Application for Admission for Fall of _____ or Spring of _____

Parent (guardian) Status: ☐ CSU Chico Student ☐ CSU Staff/Faculty ☐ Community

Do you receive Pell Grant? _____ Yes _____ No (If you are not sure, you can contact the Financial Aid & Scholarship Office at 530-898-6451 or go to <http://www.csuchico.edu/fa/index.shtml> for more information)

Calculate your Household's Gross Monthly Income (for both live-in parents) including:

Wages, Child/Spousal Support, Unemployment, Worker's Compensation; Others:

(Proof of income will be required prior to enrollment)

\$ _____

Public Assistant, CalWorks, TANF (excluding CalFresh): ☐ Yes ☐ No

(If yes, please attach a copy plus your Financial Aid)

\$ _____

Financial Aid, Grant, Scholarship (excluding loans): one Year (Y) or Semester (S): (____) \$ _____

Anticipated Graduation Date _____

Child's Name _____

Birthdate _____

Sex _____

Parent 1: _____ Occupation / Institution _____	Parent 2: _____ Living in home with child? _____ Occupation / Institution _____
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Siblings Living At Home:

Name

Sex

Birthdate

Describe any special needs your child may have or share any additional information and/or comments relevant to enrolling your child in this program.

PARENT'S SIGNATURE _____ **PHONE#** _____

EMAIL ADDRESS _____

(Should you change your Phone Number, Email or Income, please notify us by calling 530/898-5865)

ADDRESS _____

RANK NO. _____

Early Head Start-Child Care Partnership (EHS-CCP) Application

Page 2 of 2

Please attach your Income for the last 12 months (1040, W-2's, TANF Voucher)

CHILD APPLICANT INFORMATION						
Child First Name:		Child Last Name:		Family Member of Head Start Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		
DOB:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Language: <input type="checkbox"/> Bilingual		Primary Language at Home:				
Child Race: (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial/Bi-racial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified <input type="checkbox"/> Other: _____						
Primary Health Coverage: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> None <input type="checkbox"/> Other or <input type="checkbox"/> Private (Name): Does your child have any medical concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No		Doctor Name/Address/Phone Number:		Dentist Name/Address/Phone Number:		
Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents				
Living Address:		City:		State:		Zip Code:
Phone Number: Home ()		Work ()		Cell ()		
Referred by Child Welfare Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian is a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you received TANF or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No (Circle one)		Suspected Diagnosed		
SNAP (CalFresh)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
PARENT/GUARDIAN INFORMATION						
LIVING IN HOUSEHOLD SUPPORTED BY THE INCOME OF THE PARENTS/GUARDIANS OF THE CHILD ENTROLLED AND RELATED TO THE PARENTS BY BLOOD, MARRIAGE OR ADOPTION:						
Parent/Guardian First and Last Name List Primary Adult First	Date of Birth	Ethnicity (Hispanic/ Latino or non Hispanic/Latino)	Gender M or F	Education: Less than High School; High School Diploma; GED; Some College or AA; BA or advanced	Employment Status: Full-time; Part-time; Seasonal; Unemployed; Training/School; Disabled; Retired	Relationship To Child (i.e. mother, grandmother, foster, etc.)
OTHER CHILDREN IN HOME						
First and Last Name	Date of Birth	Ethnicity	Gender M F	Relationship to Primary Adult		

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