AS CHILD DEVELOPMENT LAB APPLICATION

California State University, Chico

(Fax to	530/898-5639	?)
---------	--------------	----

Priority goes to low-income CSU students the	n income qualified families.			
Date of Application	N	Number in Family		
Parent (guardian) Status: 🛛 CSU Chico Stud	ent 🛛 CSU Staff/Faculty	Community		
Do you receive Pell Grant? Yes Scholarship Office at 530-898-6451 or go to <u>http://wv</u>				
Calculate your Household's Gross Monthly Inc	come (for both live-in parents	s) including:		
Wages, Child/Spousal Support, Unemployme (Proof of income will be required prior to enrolln		Others: <u>\$</u>		
Public Assistant, CalWorks, TANF (excluding C (If yes, please attach a copy plus your Financia		<u>\$</u>		
Financial Aid, Grant, Scholarship (excluding l	oans): one Year (Y) or Seme	ster (S): () <u>\$</u>		
Application for Admission for Fall of	_ or Spring of			
Anticipated Graduation Date				
Child's Name	Birthdate	Sex		
Parent 1: Living in home with child?	Occupation			
Parent 2: Living in home with child?	Occupation			
Parent 1Name of Institution Attending				
Parent 2Name of Institution Attending				
Siblings Living At Home: <u>Name</u>	<u>Sex</u>	<u>Birthdate</u>		
Describe any special needs your child may h comments relevant to enrolling your child in t	-	information and/or		
PARENT'S SIGNATURE	PHONE#			

EMAIL ADDRESS

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

ADDRESS

Notice: The information you are providing on this form is needed to obtain statistics and administer the University's childcare and development program pursuant to Education Code Sections 8225 and 89400. Disclosure of personally identifiable information will be limited to those persons or agencies which need the information for programmatic purposes. Statistical information will be generated for reporting purposes and will not identify any persons by name. Any published information shall be anonymous in the form of aggregate level information.