

Preschool Application (ages 34 mos. to 60 mos.)
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 _____