



CDC Application Form

Child Information			
CHILD First Name:		CHILD Last Name:	
CHILD Date of Birth:			
Foster Child or have a CPS case? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does child have an IEP or IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child need Full Time Care? <input type="checkbox"/> Yes <input type="checkbox"/> No or Part Time care/Preschool <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will child need medication while at childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No List any diagnosed medical/health conditions:		Does child need any food/meal accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:	
Information for Parent/Guardian Completing the Application			
First Name:		Last Name:	
		Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, List:		Email:	
		Cell Phone:	
Address:		City:	
		Zip Code:	
Are you enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student ID if at WHCCD?	Do you have a Bachelor's Degree or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly income for parent/guardian completing the application			
Employment/Wages/Salary - Monthly Amount Received: \$		Child or Spousal Support - Monthly Amount Received: \$	
Social Security <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSP Monthly Amount Received: \$		Disability - Monthly Amount Received: \$	
Foster/Guardian Payments - Monthly Amount Received: \$		CashAid / TANF / CalWORKS - Monthly Amount Received: \$	
Other Monthly Amount Received- List and amount:			
Are any of the children a foster child or have an open CPS case? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your family size?	
Below, list other children who live with you and are your dependents.			
Child First Name	Child Last Name	Date of Birth	Do you need childcare for this child?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Information for second parent/guardian			
<i>(Only complete this section if second Parent lives at same address and is responsible for any of the children listed above)</i>			
First Name:		Last Name:	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, list		Email:	
		Cell Phone:	
Is Parent B enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student ID if at WHCCD?	Does Parent B have a Bachelor's Degree or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Second parent monthly income			
Employment/Wages/Salary - Monthly Amount Received: \$		Child or Spousal Support - Monthly Amount Received: \$	
Social Security <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSP Monthly Amount Received: \$		Disability - Monthly Amount Received: \$	
Foster/Guardian Payments - Monthly Amount Received: \$		CashAid / TANF / CalWORKS - Monthly Amount Received: \$	
Other Monthly Amount Received - List and amount:			

I certify the information provided on this form is true to the best of my knowledge. I authorize the release of information to WHCCD Child Development Center for eligibility, reporting, and to secure benefits or resources on my behalf, and for transfer and enrollment tracking and any other campus/district offices.

Signature of Parent/Guardian _____

Date _____