

CHC CHILD DEVELOPMENT CENTER  
**ELIGIBILITY APPLICATION**  
 2009-2010 ACADEMIC YEAR ONLY

Please list each child for whom application is being submitted:

Child's Name	M/F	Birth Date	Age
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

Applicant Parent's Name \_\_\_\_\_ SS# \_\_\_\_\_ In the home? Yes \_\_\_ No \_\_\_ CHC Student? Yes \_\_\_ No \_\_\_

Other Parent's Name \_\_\_\_\_ SS# \_\_\_\_\_ In the home? Yes \_\_\_ No \_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Other (work, cell, pgr.) (\_\_\_\_\_) \_\_\_\_\_

Check which program you are applying for (if you need assistance in determining which program to apply for, please see the front desk or call (909) 389-3400):

- Full Cost Preschool (Note: Your child must turn 3 years old by Dec. 31, 2009 to qualify for our program for the Fall semester.)
- State Preschool Program (Note: Your child must turn 3 years old by Dec. 2, 2009 to qualify for the State Preschool Program.)
- State Preschool Program + Full Cost (Additional Hours)

Please estimate as best as you can, when you will need childcare. For example, mornings, afternoons, M/W/F, T/Th, Five days, Full day (6.5 hrs. or more), Half Day, etc. **Please also include approximate times needed, if possible.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For which semesters would you like your application to be considered? Fall \_\_\_ Spring \_\_\_

Comments: \_\_\_\_\_

*"I certify that all of the above information is true and correct and that I have read and completely understand the **Enrollment Policies and Procedures** attached to the application."*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_