

**CHC CHILD DEVELOPMENT CENTER**  
**ELIGIBILITY APPLICATION**  
**2011-2012 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# _____	Yes ___ No ___	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, 2011 to qualify for the Fall semester).
- State Preschool Program (Note: Your child must turn 3 years old by Dec. 2, 2011 to qualify for the State Preschool Program)
  - AM Session (8am-11am)
  - PM Session (12:30pm-3:30pm)
- State Preschool Program + Full Cost (Additional Hours)

\*Gross Monthly Income \$ \_\_\_\_\_ Household Size (Number living in house) \_\_\_\_\_

\*Needed only if applying for the State Preschool Program

- This should include **ALL** income that comes into your household including all family or government assistance, child support, wages, salaries, etc. Student loans and grants should not be included. The gross amount is the amount **BEFORE** taxes are taken out.
- **Income must be included for all adults being counted in the household size. Do not count grandparents, aunts, uncles, adult siblings in your household size unless you are including their income.**

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 Information attached to the application."*

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

**For Office Use Only**

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