Development Center Waiting List are accepted during the months of June and December only.	DATE STAMP & INITIAL: DLLEGE CHILD DEVELOPMENT CENTER 521 East University Avenue Fresno, California 93704 (559) 443-8618
WAITING LIST INFORMATION	
Returning Family? Yes No	Date of Application
CHILD INFORMATION: Child's Name:	Child's Birth Date:
PARENT INFORMATION: Parent 1 (Applying Parent) First Name:	Last Name:
Address: Home Phone: Work Phone: Message Phone:	FCC Student or Employee I.D. # Date of Birth:
Parent 2 First Name: Address: Home Phone: Work Phone: Message Phone:	City:Zip: FCC Student or Employee I.D. # Date of Birth:
EMPLOYMENT INFORMATION: Parent 1 Name of Employer: Address: City:State:Zip:	Parent 2 Name of Employer: Address: City:
STUDENT INFORMATION: Parent 1 Name of School: Address:	Address:
City:State:Zip: CHILD/CHILDREN INFORMATION: (List all ch	nildren in family)
First Name: Last Name	Date of Birth: Age: Gender Boy []Girl Boy []Girl Boy []Girl Boy []Girl
Parents applying for subsidized care, include: Monthly IncomeHousehold Size Check One if Applicable: CalWORKs Other	Manday from to