

Applications for the FCC Child Development Center Waiting List are accepted during the months of **June** and **December** only.

FRESNO CITY COLLEGE
CHILD DEVELOPMENT LAB SCHOOL CENTER
1621 East University Ave
Fresno, California 93704
(559) 443-8618

DATE REC'D/STAFF INITIAL:

ELIGIBILITY/WAITING LIST INFORMATION – FILL OUT COMPLETELY FOR CONSIDERATION

Have your other children attended our center? Yes No

Date of Application: _____

Foster Child: Yes No

Child has IFSP or IEP: Yes No

CHILD'S NAME: _____

DATE OF BIRTH: _____

The center is open Monday through Thursday 7:00am-4:30pm and Fridays 7:00am-1:00pm.

I will need childcare for the following days and times:

Monday	From _____	To _____	Thursday	From _____	To _____
Tuesday	From _____	To _____	Friday	From _____	To _____
Wednesday	From _____	To _____			

I am not applying for subsidized childcare. **I realize my application will not be considered for payment assistance.** My application will be processed by the date received.

I am applying for payment assistance (subsidized childcare). My household information is below:
_____ Household size (# of people in family) _____ Monthly household income from all sources.
If this information is not provided, the application will be marked for privately paid care.

Parent 1 (Applying Parent) Information:

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone #: _____

Alternate Phone #: _____

Over 18? YES NO If no, age: _____

Student? Yes No

If yes, where do you go to school?

Name of School: _____

#of Units enrolled: _____

Student ID#: _____

Employed? Yes No

If yes, where do you work?

Employer Name: _____

Parent 2 Information: No Second Parent in home

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone #: _____

Alternate Phone #: _____

Over 18? YES NO If no, age: _____

Student? Yes No

If yes, where do you go to school?

Name of School: _____

#of Units enrolled: _____

Student ID#: _____

Employed? Yes No

If yes, where do you work?

Employer Name: _____

OTHER CHILD/CHILDREN IN THE FAMILY: (ALL CHILDREN UNDER AGE 5 WILL BE ADDED TO THE WAITING LIST)

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	
_____	_____	_____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
_____	_____	_____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
_____	_____	_____	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl

YOU MUST KEEP YOUR CONTACT INFORMATION UP TO DATE TO REMAIN ON OUR LIST. IF WE ATTEMPT TO CONTACT YOU AND YOUR INFORMATION IS INACCURATE, WE WILL REMOVE YOU FROM THE LIST AND YOU WILL NEED TO REAPPLY. PLEASE NOTE OUR LIST IS LENGTHY AND THE WAIT MAY BE 18 MONTHS OR MORE.

**YOU MAY SAVE THIS APPLICATION AS A FILE AND EMAIL TO
childdevelopment@fresnocitycollege.edu**