

APPLICATION FOR WAITING LIST

Name of Child/Children to be Enrolled: Gender Date of Birth:

1. _____ M F _____

2. _____ M F _____

Is this child/children CPS Referred or a Foster child? YES NO

FAMILY INFORMATION:

Parent #1	Parent #2
First Name: _____	_____
Last Name: _____	_____
Home Address: _____	_____
City/Zip Code: _____	_____
Home Phone: () _____	() _____
Cell Phone: () _____	() _____
Work Phone: () _____	() _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Is the Second parent of at least one child in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Language Spoken at Home: _____	
Why do you need child care? _____	

Other Children in Home:

Name:	Date of Birth:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

EMPLOYMENT/EDUCATION/TRAINING

Parent #1	Parent #2
Are you seeking employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Incapacitated? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FALLBROOK CHILD DEVELOPMENT CENTER
320 North Iowa Street, Fallbrook, CA 92028

DATE: _____
Phone: (760) 728-5402 Fax: (760) 728-5337

Parent #1

Are you Employed? YES NO

Employer: _____

Phone: _____

Hours Worked: _____

Rate of Pay: _____

Frequency of pay: _____

Parent #2

YES NO

Parent #1

Are you enrolled in school? YES NO

Name of School: _____

Phone: _____

Hours/Units Semester: _____

Parent #2

YES NO

INCOME

Parent #1

Employment (Monthly Gross): _____

Child Support: _____

Alimony: _____

CalWORKs: _____

Food Stamps: _____

Disability: _____

Unemployment: _____

Worker's Compensation: _____

Social Security (SSI): _____

Parent #2

Do you pay out Child support?

YES: Amount: _____

NO

YES: Amount: _____

NO

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FECHA: _____
Teléfono: (760) 728-5402 Fax: (760) 728-5337

Padre #1

¿Esta empleado?: SI NO

Empleador: _____

Teléfono: _____

Horas: _____

Sueldo: _____

Frecuencia de sueldo: _____

Padre #2

SI NO

Padre #1

¿Esta matriculado en la escuela?: SI NO

Nombre de Escuela: _____

Teléfono: _____

Horas/Unidas Semestre: _____

Padre #2

SI NO

INGRESOS

Padre #1

Salario mensual (antes de deducir impuestos): _____

Manutención de hijos: _____

Manutención de cónyuge: _____

CalWORKs: _____

Estampillas de comida: _____

Incapacitación: _____

Desempleo: _____

Compensación de Empleo: _____

Recibe Seguro Social (SSI): _____

Padre #2

¿Paga usted manutención para un menor?:

SI: Cantidad: _____

NO

SI: Cantidad: _____

NO