



## Child Development Center Request for Childcare

**Office use Only**

Ranking #: \_\_\_\_\_

Family Size: \_\_\_\_\_

Family Income: \_\_\_\_\_

(A) Parent Name: \_\_\_\_\_

2 parent Household

(B) Parent Name: \_\_\_\_\_

Single Parent Household

**Parent (A) Information**

**Parent (B) Information**

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Message Number: \_\_\_\_\_

Other Message Number: \_\_\_\_\_

**Are you currently:**

**Do you currently have:**

- Working?
- Looking for work?
- Current Aid Recipient?
- In School

- A CPS Referral?
- A Homeless Referral?
- A member of the family is certified to receive benefits (Medical, CalFresh, etc.)

Parent (A) Monthly Income: \_\_\_\_\_

Parent (B) Monthly Income: \_\_\_\_\_

Children in the family: \_\_\_\_\_

Home Language: \_\_\_\_\_

Name	Date of Birth	Age	Care Needed	IFSP / IEP
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Parent Called on: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Staff Signatures: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

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