



10800 Farragut Drive, Culver City, CA 90230 – P: 310-842-4230 – F: 310-842-4288

Waiting List Application

Date of Application: _____

Application #: _____

Completion of this application DOES NOT GUARANTEE child care in any program with the CCUSD, Office of Child Development. **You must keep your phone numbers and address current. If we are unable to reach you within 5 business days, the next person on the waiting list will be contacted. Your application will be kept on file for a period of two (2) years. If/when you are no longer interested in being on the waiting list or have made other child care arrangements, please let us know. Parent's Initial:** _____

PARENT/GUARDIAN # 1 INFORMATION (Must provide information ONLY for parent living at home)

Last Name	First Name	Gender: Female _____ Male: _____
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Parent's Primary Language:		Parent's Email Address:

(This Section DOES NOT Need to Be Completed by Full Cost Applicants) INCOME BEFORE TAXES AND DEDUCTIONS

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
\$	<i>Wages/Salaries</i>	\$	<i>Spousal Support</i>	\$	<i>Food Stamps</i>
\$	<i>Self-Employment Income</i>	\$	<i>State Disability</i>	\$	<i>Unemployment Benefits</i>
\$	<i>Social Security Benefits</i>	\$	<i>Child Support</i>	\$	<i>Pensions/Annuities</i>
\$	<i>Worker's Compensation</i>	\$	<i>Adoption Subsidies</i>	\$	<i>Cash Aid (children only)</i>
\$	<i>State Supplemental Income</i>	\$	<i>Child Support pay out</i>	\$	<i>Other</i>

PARENT/GUARDIAN # 2 INFORMATION (Must provide information ONLY for parent living at home)

Last Name	First Name	Gender: Female _____ Male: _____
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Parent's Primary Language:		Parent's Email Address:

(This Section DOES NOT Need to Be Completed by Full Cost Applicants) INCOME BEFORE TAXES AND DEDUCTIONS

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
\$	<i>Wages/Salaries</i>	\$	<i>Spousal Support</i>	\$	<i>Food Stamps</i>
\$	<i>Self-Employment Income</i>	\$	<i>State Disability</i>	\$	<i>Unemployment Benefits</i>
\$	<i>Social Security Benefits</i>	\$	<i>Child Support</i>	\$	<i>Pensions/Annuities</i>
\$	<i>Worker's Compensation</i>	\$	<i>Adoption Subsidies</i>	\$	<i>Cash Aid (children only)</i>
\$	<i>State Supplemental Income</i>	\$	<i>Child Support pay out</i>	\$	<i>Other</i>

Date of Application: _____

Application # _____

REASON FOR NEEDING CHILD CARE (check all that apply)

- Working (Employer's Name):** _____ **Looking for Work**
 Attending School or Job Training (School's Name): _____ **Migrant Worker**
 Medically Incapacitated/Disabled **Homeless/Seeking Housing** **Preschool Experience**

CHILDREN LIVING AT HOME (include all children in the household under 18 or under age 22 if disabled)

Child # 1: Last Name : _____ First Name: _____ Birth date: _____ Gender: F <input type="checkbox"/> M <input type="checkbox"/>		Child # 2: Last Name : _____ First Name: _____ Birth date: _____ Gender: F <input type="checkbox"/> M <input type="checkbox"/>	
Care Needed For Preschool <input type="checkbox"/> Part Time Preschool <input type="checkbox"/> Full Day Preschool <input type="checkbox"/> None	Care Needed For TK – 5 Grade <input type="checkbox"/> After School Care <input type="checkbox"/> Morning Care <input type="checkbox"/> Early Days	Care Needed For Preschool <input type="checkbox"/> Part Time Preschool <input type="checkbox"/> Full Day Preschool <input type="checkbox"/> None	Care Needed For TK – 5 Grade <input type="checkbox"/> After School Care <input type="checkbox"/> Morning Care <input type="checkbox"/> Early Days
Preferred School For Care:		Preferred School For Care:	
School Year:	Grade:	School Year:	Grade:
Is the child under Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the child under Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child # 3: Last Name : _____ First Name: _____ Birth date: _____ Gender: F <input type="checkbox"/> M <input type="checkbox"/>		Child # 4: Last Name : _____ First Name: _____ Birth date: _____ Gender: F <input type="checkbox"/> M <input type="checkbox"/>	
Care Needed For Preschool <input type="checkbox"/> Part Time Preschool <input type="checkbox"/> Full Day Preschool <input type="checkbox"/> None	Care Needed For TK – 5 Grade <input type="checkbox"/> After School Care <input type="checkbox"/> Morning Care <input type="checkbox"/> Early Days	Care Needed For Preschool <input type="checkbox"/> Part Time Preschool <input type="checkbox"/> Full Day Preschool <input type="checkbox"/> None	Care Needed For TK – 5 Grade <input type="checkbox"/> After School Care <input type="checkbox"/> Morning Care <input type="checkbox"/> Early Days
Preferred School For Care:		Preferred School For Care:	
School Year:	Grade:	School Year:	Grade:
Is the child under Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the child under Protective Services? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CHILDREN WITH SPECIAL NEEDS, DISABILITIES OR MEDICAL CONDITIONS

<i>Check all that apply for each child listed above</i>	<i>Child # 1</i>	<i>Child #2</i>	<i>Child #3</i>	<i>Child # 4</i>
Child has Individual Family Services Plan (IFSP) (age 0-3)				
Child has an Individual Education Plan (IEP) (ages 3 and older)				
Receives Early Start/Regional Center Services				
Receives Services from local school district (Special Education)				
Developmental delays (cognitive, autism, Down syndrome, etc)				
Developmental delays (physical motor)				
Social/Emotional delay or behavior				
Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.)				
Health/medical (asthma, diabetes, other: (explain)				
Speech/language/communication				
Hearing/vision				

For Office Use Only

Date Received: _____

Copy to: _____