WAITING POOL APPLICATION

SDSU CHILDREN'S CENTER
ASSOCIATED STUDENTS
SAN DIEGO STATE UNIVERSITY
SAN DIEGO, CA 92182-7803
(619) 594-7941

☐ $30 non-refundable fee required from all applicants not applying for funding. Please attach a copy of your current RED ID card as proof of SDSU affiliated status.

REMINDER: Children must be 6 months old before school starts each fall to enroll in our Center. Children turning 6 months after school begins each Fall will not be offered enrollment until the next school year, typically the following August.

PARENT A (Please list SDSU affiliated parent first.) ☐ **SINGLE PARENT** (Check box)

NAME: _____ RED ID #: _____
First Middle Initial Last

ADDRESS: _____ CITY/ZIP: _____

PHONE NUMBERS: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

PARENT/PARTNER B (Living in the home)

NAME: _____ RED ID #: _____
First Middle Initial Last

PHONE NUMBERS: (Work) _____ (Cell) _____

CHILDREN (List all children residing in the home **who WILL BE coming** to this Center.)

NAME: _____ BIRTHDAY: _____

NAME: _____ BIRTHDAY: _____

NAME: _____ BIRTHDAY: _____

HOW DID YOU HEAR ABOUT OUR CENTER? **REQUESTED START DATE** _____

_____

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOU:

Affiliated Status

☐ Sibling to Enrolled Child _____
☐ SDSU Student _____
☐ SDSU Faculty / Dept: _____
☐ SDSU Staff / Dept: _____
☐ SDSU Foundation / Dept: _____
☐ Aztec Shops / Dept: _____
☐ Associated Students / Dept: _____

Non-Affliated Status

☐ SDSU Children's Center Alumni
☐ SDSU Student Alumni
☐ Community/Extended Studies/ALI Students/Open University

Please include a copy of your current RED ID with this application if you wish to apply as SDSU Affiliated. (Without a copy of your current Red ID, you will be listed as non-affiliated.)

CHECK ALL THOSE THAT APPLY:

☐ I am interested in the YEAR ROUND PROGRAM.
☐ I am an SDSU student, and am interested in the ACADEMIC YEAR PROGRAM ONLY (Fall & Spring).
☐ I am an SDSU Student (or will be when I enroll my child) and I would like to be considered for the funding program. To be considered for the funding program you must submit income verification for the family along with your Waiting Pool Application Form. Please attach verification and documentation, i.e. check stubs (one months worth), financial aid award letter, notice of action, statement from parent declaring amount of child support, etc.; to provide proof of total Family Income (gross, not net) when you submit this form.

PARENT A EMPLOYER _____ TOTAL GROSS MONTHLY INCOME _____

PARENT B EMPLOYER _____ NUMBER OF MEMBERS IN FAMILY _____

We will send periodic updates regarding our Waiting Pool to the e-mail you provided. Please notify us of any changes to your e-mail, mailing address, or phone number. Also, for those applying for the student funding program, please submit any income changes, up or down, to ensure we have accurate, up to date information for your file and to contact you. Please send any changes to:ccc_info@mail.sdsu.edu.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Cottage _____ Funding Status _____ Account # _____

Reason for Dropping _____ Date _____

To add your child to our Waiting Pool, please submit your application along with a $30 fee (Checks only please, made out to "Associated Students" accepted). Applications can be mailed along with your check to the address above.

childcare.sdsu.edu