

Cal Poly Student
 Faculty/Staff
 College Student/Other
 Community Member



WAIT LIST FORM

Date of Application: _____

Parent Guardian #1 Information (Must provide information on all adults in the household)

Last Name:	First Name:	Primary Language:
Street address:	City:	Zip Code:
Home phone:	Work phone:	Cell phone:

Are you currently receiving cash aid? Yes ___ No ___ If **NO**, have you received cash aid within the two years? Yes ___ No ___
 If **YES**, last date of cash aid payment: ___/___/___

Reason for needing child care (Check all that apply)

Working (Employer's Name/Zip Code): _____ Looking for Work
 Attending School or Job Training (Name of School/Zip Code): _____ Homeless/Seeking housing
 Medically Incapacitated/Disabled Part-day preschool experience for child ONLY Migrant Worker

Income (Write total dollars before taxes and deductions for each source or income)

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
\$	Wages/salaries or income from self-employment	\$	Spousal Support	\$	Food Stamps
\$	Social Security Benefits	\$	State Disability	\$	Unemployment benefits
\$	Worker's Compensation	\$	Child Support	\$	Pensions
\$	State Supplemental Income	\$	Adoption Subsidies	\$	Cash Aid (children only)
\$	Other:	\$	If you pay out child support, how much is it per month? _____		

Parent Guardian #2 Information

Last Name:	First Name:	Primary Language:
Street address:	City:	Zip Code:
Home phone:	Work phone:	Cell phone:

Are you currently receiving cash aid? Yes ___ No ___ If **NO**, have you received cash aid within the two years? Yes ___ No ___
 If **YES**, last date of cash aid payment: ___/___/___

Reason for needing child care (Check all that apply)

Working (Employer's Name/Zip Code): _____ Looking for Work
 Attending School or Job Training (Name of School/Zip Code): _____ Homeless/Seeking housing
 Medically Incapacitated/Disabled Part-day preschool experience for child ONLY Migrant Worker

Income (Write total dollars before taxes and deductions for each source or income)

MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE	MONTHLY INCOME	SOURCE
\$	Wages/salaries or income from self-employment	\$	Spousal Support	\$	Food Stamps
\$	Social Security Benefits	\$	State Disability	\$	Unemployment benefits
\$	Worker's Compensation	\$	Child Support	\$	Pensions
\$	State Supplemental Income	\$	Adoption Subsidies	\$	Cash Aid (children only)
\$	Other:	\$	If you pay out child support, how much is it per month? _____		

Children living at home (All children in the household under 18 or under age 22 if disabled)

#1. First Name				Last Name				#2. First Name				Last Name			
Birth date:		Gender: M F		Preferred Zip codes for care:				Birth date:		Gender: M F		Preferred Zip codes for care:			
Care Needed: <i>(Check all schedules that apply)</i> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> None								Care Needed: <i>(Check all schedules that apply)</i> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> None							
Child School Name/Grade:				District:				Child School Name/Grade:				District:			
If child is in child protective services, please complete here								If child is in child protective services, please complete here							
Foster Care Payments		Social Worker's Name		Contact Number		Case Number		Foster Care Payments		Social Worker's Name		Contact Number		Case Number	
\$								\$							
At Risk of Abuse, Neglect or Exportation? (Must have a referral) Yes ___ No ___ Referred by: _____				List of related siblings in the same household:				At Risk of Abuse, Neglect or Exportation? (Must have a referral) Yes ___ No ___ Referred by: _____				List of related siblings in the same household:			
"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:								"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:							

Children living at home (All children in the household under 18 or under age 22 if disabled)

#3. First Name				Last Name				#4. First Name				Last Name			
Birth date:		Gender: M F		Preferred Zip codes for care:				Birth date:		Gender: M F		Preferred Zip codes for care:			
Care Needed: <i>(Check all schedules that apply)</i> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> None								Care Needed: <i>(Check all schedules that apply)</i> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Evenings <input type="checkbox"/> None							
Child School Name/Grade:				District:				Child School Name/Grade:				District:			
If child is in child protective services, please complete here								If child is in child protective services, please complete here							
Foster Care Payments		Social Worker's Name		Contact Number		Case Number		Foster Care Payments		Social Worker's Name		Contact Number		Case Number	
\$								\$							
At Risk of Abuse, Neglect or Exportation? (Must have a referral) Yes ___ No ___ Referred by: _____				List of related siblings in the same household:				At Risk of Abuse, Neglect or Exportation? (Must have a referral) Yes ___ No ___ Referred by: _____				List of related siblings in the same household:			
"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:								"Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other:							

Children with special needs, disabilities or medical conditions

<i>Check all that apply for each child listed above</i>	Child #1	Child #2	Child #3	Child #4
Child had 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 delays or behavior				
Physical disability (cerebral palsy, spinal bifida, orthopedic tabors, etc)				
Health/medical (asthma, diabetes, other:				
Speech/language/communication				
Hearing/vision				