

- 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 | | | | |