

# Waitlist Interest Form

## Full-day Childcare-Toddler & Preschool

**Mt. San Jacinto College**  
**Child Development and Education Center**  
**1499 N. State St.**  
**San Jacinto CA 92583**  
**(951) 487-3605**

**For Office Use Only**

Fall  Spring  Summer

Received on: \_\_\_\_\_

By: \_\_\_\_\_ Rank: \_\_\_\_\_

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

Name of Parent(s) / Guardian(s) in the home:

\_\_\_\_\_  
Mother's Last Name      First Name      Father's Last Name      First Name

Mailing Address: \_\_\_\_\_  
Street      Apt. #      City      Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone      Work Telephone      Cell Telephone

Children (in need of care):

	First / Last Name	Male / Female	Birth Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Other children in the home:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Total number of persons in basic family unit (related by blood, marriage or adoption): \_\_\_\_\_

Care needed:  Monday  Tuesday  Wednesday  Thursday  Friday

Hours needed: \_\_\_\_\_

### Financial Needs Assessment

In order to help us determine eligibility for financial assistance, please provide the following information:

Student Parents: Are you currently receiving or eligible for a PELL grant?  Yes  No

Have you received cash aid (TANF/AFDC) within the past 24 months?  Yes  No

If yes, on what date did this aid end? \_\_\_\_\_

Are you currently receiving cash aid for: yourself?  Yes  No your children?  Yes  No

Please check all applicable boxes below:

Single-parent family:  Working  Looking for work  In school

Two-parent family:

Mother:  Working  Looking for work  In school

Continued on back

Father:       Working    Looking for work    In school

Estimated gross monthly income from **ALL SOURCES** including salary **before** taxes, child support, alimony, TANF/AFDC, unemployment, etc.: \$ \_\_\_\_\_

Do you pay **COURT ORDERED CHILD SUPPORT** for any child/ren not living with you?  
 Yes       No      If yes, amount \$ \_\_\_\_\_

Who is currently caring for your child/ren? \_\_\_\_\_

Is this licensed childcare?    Yes    No

Are you transferring from other subsidized childcare?    Yes    No   If yes, please specify \_\_\_\_\_

Is this a Social Services Referral?    Yes    No   If yes, please specify \_\_\_\_\_

**To enable the Child Development and Education Center to address the physical, cognitive, emotional and social needs of your child/ren, please respond to the following statements as completely as possible:**

Does your child/ren have specific physical, cognitive, emotional and/or social needs?    Yes    No

If yes, please identify each child and describe his/her specific need/s: \_\_\_\_\_

Has the need/s of your child/ren been professionally diagnosed?    Yes    No

If yes, please identify the resources that are currently helping to meet the need/s of your child/ren:

Additional comments or special concerns: \_\_\_\_\_

**To the best of my knowledge, I have responded completely and accurately to the above statements.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Reviewed by: \_\_\_\_\_

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

REC: \_\_\_\_\_

**Please contact the center immediately if there are changes in your address, telephone, income, etc.**