AS CHILD DEVELOPMENT LAB APPLICATION

California State University, Chico

(Fax to 530/898-5639)

Priority goes to low-income CSU students then inco	me qualified families.	
Date of Application	Number in Family	
Parent (guardian) Status: 🗆 CSU Chico Student	□ CSU Staff/Faculty	□ Community
Do you receive Pell Grant? Yes No Scholarship Office at 530-898-6451 or go to http://www.csu		
Calculate your Household's Gross Monthly Income	(for both live-in parents)	including:
Wages, Child/Spousal Support, Unemployment, Wa (Proof of income will be required prior to enrollment)	orker's Compensation; C	Others:
Public Assistant, CalWorks, TANF (excluding CalFred (If yes, please attach a copy plus your Financial Aid)	sh): □Yes □No	<u>\$</u>
Financial Aid, Grant, Scholarship (excluding loans)	: one Year (Y) or Semes	ter (S): () <u>\$</u>
Application for Admission for Fall of or Sp	oring of	
Child's Name	Birthdate	Sex
Parent 1:Living in home with child?	Occupation	
Parent 2:	Occupation	
Living in home with child?		
Parent 1Name of Institution Attending Parent 2Name of Institution Attending		
Siblings Living At Home: <u>Name</u>	<u>Sex</u>	<u>Birthdate</u>
Describe any special needs your child may have a comments relevant to enrolling your child in this pre-	•	nformation and/or
PARENT'S SIGNATURE	PHONE#	
EMAIL ADDRESS(Should you change your Phone Number, Email or Incor	me, please notify us by call	lina 530/898-5865)
ADDRESS		

Notice: The information you are providing on this form is needed to obtain statistics and administer the University's childcare and development program pursuant to Education Code Sections 8225 and 89400. Disclosure of personally identifiable information will be limited to those persons or agencies which need the information for programmatic purposes. Statistical information will be generated for reporting purposes and will not identify any persons by name. Any published information shall be anonymous in the form of aggregate level information.