

# Enrollment/Waitlist

YUBA COMMUNITY COLLEGE DISTRICT  
CHILD DEVELOPMENT PROGRAM  
2088 North Beale Road  
Marysville CA 95901

Ranking # _____
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Date \_\_\_\_\_

Clear Lake Campus   
707-995-7909

Yuba College   
530-749-3808

Woodland Campus   
530-661-5773

1. **Check one:**    Single parent    Two parent    Guardianship      2. **Total number of people in your family:** \_\_\_\_\_

3. **PRIMARY APPLICANT: Relationship to child?** \_\_\_\_\_

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: CA Zip Code \_\_\_\_\_ County \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home phone                  Work phone                  Cell Phone                  Spoken language preference                  Paperwork language Preference

**Check all that apply:**    Student    Working    Searching for work    Incapacitated    Homeless    CPS/At Risk

4. **SECONDARY APPLICANT (other parent/guardian living in the home): Relationship to child?** \_\_\_\_\_

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: CA Zip Code \_\_\_\_\_ County \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home phone                  Work phone                  Cell Phone                  Spoken language preference                  Paperwork language Preference

**Check all that apply:**    Student    Working    Searching for work    Incapacitated    Homeless    CPS/At Risk

**5. Child(ren) to be enrolled or waitlisted:**

Last name	First name	Birth date	Age	Primary Language	Sex (M/F)
1.					
2.					
3.					
4.					

**6. List all other persons residing in your home:**

Full Name	Birth date	Age	Relationship to primary applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please complete reverse side →

**7. Current source(s) of gross monthly income:** (before taxes and deductions)

**PRIMARY APPLICANT**

Wages:  Hourly  Weekly  
 Bi-weekly  Monthly  
 Seasonal \$ \_\_\_\_\_

Cash aid \$ \_\_\_\_\_

Child support Received \$ \_\_\_\_\_

Spousal support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Disability: Temporary Permanent \$ \_\_\_\_\_

SSI/SSP: Temporary Permanent \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**SECONDARY APPLICANT**

Wages:  Hourly  Weekly  
 Bi-weekly  Monthly  
 Seasonal \$ \_\_\_\_\_

Cash aid \$ \_\_\_\_\_

Child support Received \$ \_\_\_\_\_

Spousal support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Disability: Temporary Permanent \$ \_\_\_\_\_

SSI/SSP: Temporary Permanent \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**8. Are you and/or the secondary applicant paying child support?**

Primary applicant: No \_\_\_\_\_ Yes \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

Secondary applicant: No \_\_\_\_\_ Yes \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

**9. TOTAL MONTHLY GROSS INCOME** \$ \_\_\_\_\_

**10. Would you be interested in a 9am-Noon state preschool program?** No \_\_\_ Yes \_\_\_

**11. Do you have an open case with Child Protective Services or is your child identified as At Risk?**

No \_\_\_\_\_ Yes \_\_\_\_\_

(Attach CPS/At Risk referral letter from a social, legal, or medical professional. Include the name, address, phone number and signature of the child(ren)'s case worker.)

I verify that the above information is complete and true. I understand that my family's eligibility will be based on the information given here. I understand that I am responsible for updating any changes to my information. I give approval for my eligibility information to be shared with any other state funded programs for determining eligibility to receive child care services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only: