

Date: _____
Time: _____

CHILD DEVELOPMENT CENTER APPLICATION

To add your child's name to the Eligibility List, complete this application and return it to the Bakersfield College Child Development Center, Office #202, 1801 Panorama Drive, Bakersfield, CA 93305. Call the office at 395-4369 to update if you have any changes (i.e. income, family size, address or phone number).
You will be contacted when an opening becomes available.

Mother/Guardian's Name _____ Living with child(ren)? Yes ___ No ___

Father/Guardian's Name _____ Living with child(ren)? Yes ___ No ___

Physical Address and Telephone Number of Parent(s)/Guardian(s) Living with child:

_____ Street Number _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell () _____ Other () _____

Family Size / Number of Immediate Family Members

List <u>ALL</u> Children in the Family	Date of Birth	Special Need?
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTHER'S INFORMATION (if living with child)

FATHER'S INFORMATION (if living with child)

Student ID # _____

Student ID # _____

Please check (✓) all that apply:

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- Working _____ Full Time___ Part Time___
- Student _____ Full Time___ Part Time___
- Homeless _____
- Seeking Employment _____
- Medically Incapacitated _____

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EMPLOYMENT:

Employer's Name _____
Address _____
Phone _____
Days and Hours _____

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Employer's Name _____
Address _____
Phone _____
Days and Hours _____

PRESENTLY IN SCHOOL:

Name of School _____
Vocational Goal _____
Anticipated Completion Date _____

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GROSS MONTHLY INCOME:

Please fill in the dollar amount for all that apply:

- Employment Income Hourly Rate \$ _____
Hours Per Week _____
- If Salaried Position, Monthly Gross \$ _____
- CalWorks/TANF \$ _____
- SSI (Social Security Income) \$ _____
- State Disability \$ _____
- Spousal Support \$ _____
- Child Support Received \$ _____
- Child Support Paid Out \$ _____
- Pension \$ _____
- Workman's Comp \$ _____
- Other Income \$ _____

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