PARENT MUST COMPLETE

☐ Sibling currently in program

☐ Additional Sibling on Waiting List

SIBLING'S NAME GRADE

☐ Currently enrolled in SCUSD Fee-Based Child Care Program

☐ Previously enrolled in SCUSD Fee-Based Child Care Program

NAME OF CENTER

SCUSD Child Development Department
Fee-Based Office
5735 47th Avenue, Box # 715
Sacramento, CA 95824
916-643-7814 or 916-643-7815

FOR OFFICE USE ONLY

DATE REC'D:_____

DATE ENTERED ON LIST: _____

DATE REMOVED: _____

REASON: _____

CHILDREN'S CENTER WAITING LIST APPLICATION

K - 6th GRADE FEE-BASED PROGRAMS

PLEASE CHECK SITE:

☐ Leonardo da Vinci Children's Center ☐ Martin Luther King Children's Center ☐ Theodore Judah Children's Center

☐ Matsuyama Children's Center

Do you have a waiting list form currently on file for another Center listed above? If so, which site: _____

Who will be paying the child care fees? ☐ **Parent/Guardian** ☐ **Child Action** ☐ **Cal Works** ☐ **OTHER:** _____

CHILD'S NAME:_____ BIRTHDATE:_____

ADDRESS:_____ ZIP:_____

HOME PHONE:_____ GRADE LEVEL:_____ SCHOOL YEAR: 20__ - 20__

FATHER'S NAME:_____ DOES FATHER RESIDE IN THE HOME? ___YES ___NO

FATHER'S WORK PHONE:_____ PLACE OF EMPLOYMENT:_____

MOTHER'S NAME:_____ DOES MOTHER RESIDE IN THE HOME? ___YES ___NO

MOTHER'S WORK PHONE:_____ PLACE OF EMPLOYMENT:_____

TENTATIVE SCHOOL DAY SCHEDULE: *(Anticipated care needed. Actual hours may be adjusted when care is contracted)*

	A.M. ARRIVE		P.M. DEPART		TOTAL HOURS		CLASS TIME		TOTAL HOURS AT CENTER
Mon.	_____:_____	to	_____:_____	=	_____hrs	-	_____	=	_____
Tues.	_____:_____	to	_____:_____	=	_____hrs	-	_____	=	_____
Wed.	_____:_____	to	_____:_____	=	_____hrs	-	_____	=	_____
Thurs.	_____:_____	to	_____:_____	=	_____hrs	-	_____	=	_____
Fri.	_____:_____	to	_____:_____	=	_____hrs	-	_____	=	_____

CARE NEEDED: ☐ **SCHOOL YEAR ONLY** ☐ **SCHOOL YEAR & SUMMER** ☐ **SUMMER CARE ONLY**

I understand that when a space becomes available for my child, I will be notified. A $30.00 registration fee will be charged at that time. All enrollment papers must be completed and the first month's fees paid in full before a child can be accepted for care. I understand that it is the parent/guardian's responsibility to keep their child's waiting list form updated with current phone numbers and addresses. In the event that the information provided is no longer current, the waiting list form will become inactive and the child will be removed from the waiting list.

PARENT/GUARDIAN SIGNATURE :_____ DATE :_____