

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

Leila-Laurora@scusd.edu (916)-643-7814



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 Ctr.

Matsuyama Children's Ctr.

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 OTHER: _____

CHILD'S NAME: _____	BIRTHDATE: _____
ADDRESS: _____	ZIP: _____
HOME PHONE: _____ GRADE LEVEL: _____	SCHOOL YEAR: 20__ - 20__
PARENT/GUARDIAN NAME: _____	EMAIL: _____
DOES THIS PARENT RESIDE IN THE HOME WITH CHILD? ___ YES ___ NO	CELL PHONE: _____
PLACE OF EMPLOYMENT: _____	WORK PHONE: _____
PARENT/GUARDIAN NAME: _____	EMAIL: _____
DOES THIS PARENT RESIDE IN THE HOME WITH CHILD? ___ YES ___ NO	CELL PHONE: _____
PLACE OF EMPLOYMENT: _____	WORK PHONE: _____

RETURN TO CHILD CARE SITE OR EMAIL TO Leila-Laurora@scusd.edu

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 **\$85.00 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 In the event that the information provided is no longer current, the waiting list form will become inactive and the child will be removed from the waiting list.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 : _____