

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 **\$100.00 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 In the event that the information provided is no longer current, the waiting list form will become inactive and the child will be removed from the waiting list.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 : _____