

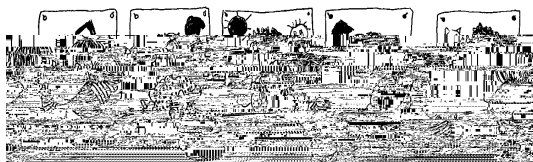
**PARENT MUST COMPLETE**

- Sibling currently in program
- Additional Sibling on Waiting List

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- Currently enrolled in SCUSD Fee-Based Child Care Program
- Previously enrolled in SCUSD Fee-Based Child Care Program

NAME OF CENTER \_\_\_\_\_



**FOR OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_  
 DATE ENTERED ON LIST: \_\_\_\_\_  
 DATE REMOVED: \_\_\_\_\_  
 REASON: \_\_\_\_\_

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 K - 6<sup>th</sup> GRADE FEE-BASED PROGRAMS**

**PLEASE CHECK SITE:**

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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\_\_

PARENT ¶

**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