



Child Development Center

The Chaffey College Child Development Center program is based on developmental learning principles, which foster growth, self-esteem, socialization, language and communication, as well as creative and intellectual realms and physical and perceptual development for children. The Center is licensed by The State Department of Social Services/ Community Care Licensing and funded by the California Department of Education, Early Education and Support Department and the CCAMPIS grant, (Child Care Access Means Parents In School).

The Child Development Center offers low cost and free services for children ages 18 months to three (3) years old and a full-day State Preschool Program for children ages three (3) to Kindergarten. Fees are based on family income and other state and federal requirements. Priority for admission will be given to low income families and student parents.

Mission

To provide high quality, developmentally appropriate child care and educational experiences for children;
To support Chaffey College students in their educational and vocational goals; and
To provide training and employment for individuals seeking careers working with children and families

Opening hours: Toddler Program M-TH 7am – 5pm
F 7 am -3pm
State Preschool M-F 7am -6pm

For more information please call: 909-652-6875

Attached is the preliminary application package.

Applications for Child Care Services will not be accepted without documentation listed below:

Preliminary Application Package (incl. days/hours needed)

Income (Current 30 days)

Birth Certificate/Record (EC18100)

Birth Certificates/Siblings under 18 in Household (EC18100)

Documentation to support Family Size

Employment Verification (EC18085.5, 18086)

Training Verification and Schedule of Classes (SCCR18087)

California State Preschool & Center Based Child Care – Preliminary Application

Enrollment Priorities:

- 1) 4- and 3-year-old recipients of CPS
- 2) Children enrolled in program last semester
- 3) 4-year-olds with the lowest income ranking
- 4) 3-year-olds with the lowest in come ranking

General Enrollment Priorities are established as follows: *Students enrolled at Chaffey College
*Chaffey College Employees
*Community Members

A – FIRST PARENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Street Address (required) _____ City _____ County _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Okay to call work Yes No

Message Cell/Pager _____ Best Place to Call _____ Best Time to Call _____

E-mail address _____ Relationship to Child _____

Marital Status Single Married Divorced Separated Widowed

Date of Birth _____ Gender Male Female

Speak English Yes No Primary Language _____ Race _____ Ethnicity (Hisp/Latino) __Y__N

Please Check All that Apply To You:

- Chaffey College Student ID # _____
- Student enrolled at (Accredited School) _____ ID # _____
- Pell Grant Eligible __Yes__ __No__ Have you applied for the Pell Grant? __Yes__ __No__
- Educational / Training Goal (Be specific) _____
- Chaffey College Employee : Full-time Part-time Department _____ Ext. _____
- Community Member

Are you currently receiving CalWORKs or participating in CalWORKs activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received AFDC, TANF, or CalWORKs Cash Aid within the last 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to the question above, what was the last date that you received aid or received one-time payment?	
CalWORKs Cash Aid received each month (Please attach Notice of Action)	
Gross Monthly Wages received by First Parent each month (Please attach pay stub)	
Child Support Total Amount received by First Parent each month (Please attach documentation)	
Spousal Support total amount received by First Parent each month (Please attach documentation)	
Unemployment received by First Parent each month (Please attach documentation)	
Social Security (Not SSI/SSP) received by First Parent each month (Please attach documentation)	
SDI (State Disability Insurance) received by First Parent each month (Please attach documentation)	
Do YOU PAY Child Support each month? (Please attach documentation)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YOU PAY Child Support, is the child you are paying for receiving subsidized child care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Source of income per month. Please specify:	

B – SECONDARY PARENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Street Address (required) _____ City _____ County _____ State __ Zip ____
 Home Phone _____ Work Phone _____ Okay to call work Yes No
 Message Cell/Pager _____ Best Place to Call _____ Best Time to Call _____
 E-mail address _____ Relationship to Child _____
 Marital Status Single Married Divorced Separated Widowed
 Date of Birth _____ Gender Male Female
 Speak English Yes No Primary Language _____ Race _____ Ethnicity (Hisp/Latino) __Y __N

Please Check All that Apply To You:

- Chaffey College Student ID # _____
- Student enrolled at (Accredited School) _____ ID # _____
- Pell Grant Eligible __Yes __ No Have you applied for the Pell Grant? __ Yes __ No
- Educational / Training Goal (Be specific) _____
- Chaffey College Employee : Full-time Part-time Department _____ Ext. _____
- Community Member

Income

Are you currently receiving CalWORKs or participating in CalWORKs activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received AFDC, TANF, or CalWORKs Cash Aid within the last 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes to the question above, what was the last date that you received aid or received one-time payment?	
CalWORKs Cash Aid received each month (Please attach Notice of Action)	
Gross Monthly Wages received by Second Parent each month (Please attach pay stub)	
Child Support Total Amount received by Second Parent each month (Please attach documentation)	
Spousal Support total amount received by Second Parent each month (Please attach documentation)	
Unemployment received by Second Parent each month (Please attach documentation)	
Social Security (Not SSI/SSP) received by Second Parent each month (Please attach documentation)	
SDI (State Disability Insurance) received by Second Parent each month (Please attach documentation)	
Do YOU PAY Child Support each month? (Please attach documentation)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YOU PAY Child Support, is the child you are paying for receiving subsidized child care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Source of income per month. Please specify:	

Reason for need of service (required):

Parent A:

Child Protective Services	Employment	Training/School	Seeking Employment	Incapacitation of Parent	Special Need of Child	Seeking permanent housing
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Parent B:

Child Protective Services	Employment	Training/School	Seeking Employment	Incapacitation of Parent	Special Need of Child	Seeking permanent housing
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ENROLLING CHILD INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender Male Female

Speak English Yes No Primary Language _____ Race _____ Hispanic/Latino Y N

Child Relationship to Applicant _____

Exceptional Needs:

The Chaffey College Child Development Center does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in determining which children are served.

Does any of the following apply to your child? Child Protective Services Special Need / IEP / IFSP
 Allergies / Foods / Medication Homeless Limited or Non-English Asthma Other

CHILDREN (under 18) IN HOUSEHOLD

1. _____
Name Birth Date Relationship
2. _____
Name Birth Date Relationship
3. _____
Name Birth Date Relationship
4. _____
Name Birth Date Relationship
5. _____
Name Birth Date Relationship

ALL OTHER FAMILY MEMBERS IN HOUSEHOLD

1. _____
Name Birth Date Relationship
2. _____
Name Birth Date Relationship
3. _____
Name Birth Date Relationship
4. _____
Name Birth Date Relationship
5. _____
Name Birth Date Relationship

Total household family members: _____

NUMBER OF HOURS CARE NEEDED EACH DAY

	ARRIVAL	DEPARTURE	Circle meals that apply
Monday			Breakfast 8:30-9/Lunch 11:30-12 Snack 3:00-3:30
Tuesday			Breakfast 8:30-9/Lunch 11:30-12 Snack 3:00-3:30
Wednesday			Breakfast 8:30-9/Lunch 11:30-12 Snack 3:00-3:30
Thursday			Breakfast 8:30-9/Lunch 11:30-12 Snack 3:00-3:30
Friday			Breakfast 8:30-9/Lunch 11:30-12 Snack 3:00-3:30

Hold Harmless Agreement:

The signor of this agreement (parent or guardian of the child identified in this contract) agrees to hold harmless, defend and indemnify the Chaffey Community College District from any claims arising from damages, injuries or losses caused by the district or any of its employees or officers. This hold harmless agreement is referring to damages, injuries or losses arising from anything that could occur to the child (identified in this agreement) during or as a result of his/her participation in the Child Development Center

The director reserves the right to terminate a child from the program if she feels the child is not benefiting from the services offered, or the parent is not participating in the program per agreement.

CONFIRMATION INFORMATION

- I swear under penalty of perjury that the above information is true and correct.
- I hereby authorize agency staff to verify wages with my employer. In addition, I authorize the release and sharing of my files by legally authorized personnel from the agency, from California Department of Education, or from Community Care Licensing to determine program compliance, family eligibility, and conformance with regulations and reporting requirements.
- I understand that this is a preliminary application ONLY and does not guarantee enrollment in the program.

Signature

Date

Relationship to Child

Office Use Only

I hereby certify that I have received documentation for all sources of income reported.

Date/Time Preliminary Application was Received: _____

Ranking Number: _____

Staff Signature:

OI

15%

PLEASE NOTE:

Preliminary applications for subsidized child care services will not be accepted without documentation of monthly family income.

Chaffey College
Child Development Center

Training Verification
TO BE COMPLETED BY STUDENT
(With an Electronic Class Schedule Attached)

Section A PARENT/GUARDIAN INFORMATION

Parent OR caretaker's Name (Last, First, Middle)		Telephone NO ()
Street Address	City	Zip Code
Professional OR Vocational Goals (Examples: To become a Registered Nurse. To become an Administrative Assistant)		

Section B TRAINING/EDUCATION INFORMATION

Name of School OR Organization where training/education is received		Telephone NO ()
Street Address	City	Zip Code
Date This Term Began	Date This Term Ends	Anticipated Completion Date for Training/Education

Section C ATTACHMENTS

Attach an electronic print-out of your current class schedule from the training institution where the training/education will be received.

Note: For online classes you must also specify days/hours each week you will be participating in the class, website address, and attach a copy of the class syllabus. Maximum 1 hour per week per unit.

Section D SIGNATURES

Chaffey College Child Development Center has permission to contact my training institution to verify information on this form.

Signature of Parent or Caretaker	Date
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REMINDERS

1. Upon completion of a quarter, semester, or training, period, as applicable, submit a report card, a transcript, or, if the training institution does not use formal letter grades, other records to document that you are making progress towards the attainment of your vocational goal. (Submit no more that 10 calendar days after the progress reports are released).
2. Completed training Verification forms must be submitted two weeks prior to the start of each training period.

(For Office Use Only)

Date Reviewed

Staff Signature

EMPLOYMENT VERIFICATION

PARENT OR GUARDIAN RECEIVING PRESCHOOL OR EARLY CARE SERVICES

DATE

INSTRUCTIONS

Determining eligibility for Preschool or Early Care services requires that the parent or guardian do the following:

1. Complete all the information requested from parent/guardian who will receive services. **Include fax number for independent verification.**
2. This form must be submitted in order to determine need for eligibility of services.

AGENCY Chaffey College Child Development Center 5885 Haven Avenue - Rancho Cucamonga, CA 91737	TELEPHONE (909) 652-6875
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PARENT / GUARDIAN'S NAME (last, first, middle)	TELEPHONE ()
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STREET ADDRESS	CITY	ZIP
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EMPLOYMENT INFORMATION

NAME OR EMPLOYER (AGENCY/COMPANY)	TELEPHONE ()
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STREET ADDRESS	CITY	ZIP
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DATE EMPLOYED	SALARY/HOURLY	OVERTIME RATE	OTHER PAY (TIPS, BONUS, COMMISSION, ETC.)	EMPLOYEE IS PAID (PLEASE CIRCLE ONE) Weekly Bi-Weekly Twice a Month Monthly
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WORK SCHEDULE

DAYS WORKING	TIME IN	LUNCH / BREAK	TIME OUT	HOURS PER DAY
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

I AUTHORIZE MY EMPLOYER TO RELEASE THE ABOVE INFORMATION.

SIGNATURE OF PARENT / GUARDIAN	PRINT NAME	DATE
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AS AN AUTHORIZED EMPLOYER REPRESENTATIVE, I AM CERTIFYING UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE	PRINT NAME
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COMMENTS:	CONTACT PHONE	DATE
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THE ABOVE INFORMATION PERTAINS TO THE EMPLOYEE'S ELIGIBILITY FOR PRESCHOOL OR EARLY CARE BENEFITS AND IS SUBJECT TO REVIEW BY THE STATE OF CALIFORNIA REPRESENTATIVE