



## Chaffey College Child Development Center

The Chaffey College Child Development Center offers Center Based Child Care Services for children ages 18 months to three (3) and a full day State Preschool Program for children ages three (3) through Kindergarten. It is free of cost to qualified families. Cost to students is based on family income and other state and federal requirements. Priority for admission will be given to income eligible student/parent families. The program is funded by the California State Department of Education and administered through the Chaffey College Child Development Center.

### **Our Mission is:**

To provide high quality, developmentally appropriate child care and educational experiences for children

Support Chaffey College students in their educational and vocational goals

Provide Training and employment for individuals seeking careers working with children and families

### **Our program includes:**

Child directed activities to develop independence, problem-solving, decision-making and creative thinking.

Teacher planned activities to expand the children's interests and knowledge

Language development and communication skills

Cognitive development – pre-academic skills for reading, mathematics and science

Creative exploration – art, music, dance, drama

Physical development – small muscle and large muscle coordination skills

Dental, nutrition and safety education

Emotional and social development through play with children

Nutritious meals

Our parent education program includes opportunities to:

Focus on the important role parents play in their child's education

Build supportive relationships with other parent sand teachers

Listen to speakers on topics such as positive discipline, health and nutrition, preparing your child for kindergarten, etc.

Learn about physical, cognitive, emotional, social, and creative development of children

Attached is our preliminary application.  
**Applications for Child Care Services will not be accepted without attached documentation of current family gross monthly income.**



# Chaffey College

Child Development Center

5885 Haven Avenue  
Rancho Cucamonga, CA 91737  
Phone: 909-944-9048  
Fax: 909-652-6878  
[www.chaffey.edu/childctr](http://www.chaffey.edu/childctr)

## 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 income ranking

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

### PART 1: FAMILY SIZE INFORMATION

APPLICANT CHILD: SIBLINGS UNDER 18 LIVING IN THE HOME:  
 First Name: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Birth Certificates for all of these children must be submitted**

### PART 2: PARENT/GUARDIAN INFORMATION

Number of Family Members: \_\_\_\_

PARENT A	PARENT B
First Name: _____	First Name: _____
Middle Initial: _____	Middle Initial: _____
Last Name: _____	Last Name: _____
Date of Birth: _____	Date of Birth: _____
Primary Language: _____	Primary Language: _____
Relationship to Applicant Child: _____	Relationship to Applicant Child: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Home Address: _____	
City: _____ County: _____ Zip: _____	
Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed	

**PART 3: EXEPTIONAL NEEDS:**

Do any of the following apply to your family?

\_\_\_ Child Protective Services                      \_\_\_ Special Need                      \_\_\_ Allergies  
\_\_\_ Homeless    \_\_\_ Limited or Non-English

**PART 5: SIGNATURE**

- \* 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 of Parent                                      Date                                      Relationship to Applicant Child

\_\_\_\_\_  
Chaffey College Student ID                      Number of Units                      Eligible/Applied for Pell Grant yes \_\_\_ no \_\_\_

\_\_\_\_\_  
Chaffey College Employee Department                      Extension

Community Member

**Upon availability of child care space an orientation interview providing information about documentation requirements and enrollment procedures will be scheduled!**

**Office Use Only**

**I hereby certify that I have all source of income reported.**

Date & Time Application was received: \_\_\_\_\_

Ranking Number: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

UA    OI    15%                                      AGE \_\_\_\_\_