



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 Learning and Care Division (ELCD) 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

Hours of Operation: M - TH: 7am – 6pm, F: 7 am - 5pm

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)

Driver's license or Government issued Identification

Gross Family Income (Current 30 days) – from all sources, including, but not limited to: TANF, Wages, Child support, Spousal support, SSA-Survivor & retirement benefits, Disability, Unemployment, Workers Compensation, Rental income, Veterans pension, etc.

Birth Certificate / Record (EC18100)

Individualized Education Plan – if applicable

Birth Certificates / Record for siblings under 18 in Household (EC18100) – if applicable

Documentation to support Family Size (Court / Custody / Visitation orders) – if applicable

Employment Verification (EC18085.5, 18086) – if applicable

Training Verification and Schedule of Classes (5CCR18087) – if applicable

**LIC# 360909182**

## 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:	
<input type="checkbox"/> Chaffey College Student	ID # _____
<input type="checkbox"/> Student enrolled at (Accredited School) _____	ID # _____
<input type="checkbox"/> Pell Grant Eligible ___ Yes ___ No	Have you applied for the Pell Grant? ___ Yes ___ No
<input type="checkbox"/> Educational / Training Goal (Be specific) _____	
<input type="checkbox"/> Chaffey College Employee : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Department _____ Ext. _____	
<input type="checkbox"/> 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 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: \_\_\_\_\_  
 Parent B: \_\_\_\_\_

**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

**ALL OTHER FAMILY MEMBERS IN HOUSEHOLD (required)**

1. _____	2. _____
Name Birth Date Relationship	Name Birth Date Relationship
3. _____	4. _____
Name Birth Date Relationship	Name Birth Date Relationship
5. _____	6. _____
Name Birth Date Relationship	Name Birth Date Relationship
7. _____	8. _____
Name Birth Date Relationship	Name Birth Date Relationship
8. _____	10. _____
Name Birth Date Relationship	Name Birth Date Relationship

**Total household family members:** \_\_\_\_\_

**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

**PLEASE NOTE:**

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

***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 Initials: \_\_\_\_\_

OI

15%



# Chaffey College

Child Development Center

## 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 employer fax number for independent verification.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_, **or email address** \_\_\_\_\_.
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**

PARENT / GUARDIAN'S NAME (last, first, middle)

TELEPHONE  
 ( )

STREET ADDRESS

CITY

ZIP

### EMPLOYMENT INFORMATION

NAME OR EMPLOYER (AGENCY/COMPANY)

TELEPHONE  
 ( )

STREET ADDRESS

CITY

ZIP

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
---------------	---------------	---------------	---	--

### 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

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

COMMENTS:

CONTACT PHONE

DATE

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



# Chaffey College

## Child Development Center

Training Verification

### TO BE COMPLETED BY STUDENT

(With an electronic printed 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 (Example: 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
Anticipated Completion Date for Training/Education		

#### Section C

#### ATTACHMENTS

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

#### 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
----------------------------------	------

#### REMINDERS

1. Upon annual certification, 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.
2. I Authorize Chaffey College Child Development Center Staff to verify Grade Point Average as necessary for annual certification. I am enrolled in courses at Chaffey Community College.

(For Office Use Only)