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? □ YES □ NO
Have you received AFDC, TANF, or CalWORKs Cash Aid within the last 2 years? □ YES □ 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) □ YES □ NO
If YOU PAY Child Support, is the child you are paying for receiving subsidized child care? □ YES □ 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

Are you currently receiving CalWORKs or participating in CalWORKs activity?  □ YES  □ NO

Have you received AFDC, TANF, or CalWORKs Cash Aid within the last 2 years?  □ YES  □ 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)  □ YES  □ NO

If YOU PAY Child Support, is the child you are paying for receiving subsidized child care?  □ YES  □ 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.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
2.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
3.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
4.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
5.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
6.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
7.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
8.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
9.  Name           Birth Date         Relationship                           Name   Birth Date         Relationship
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%
## EMPLOYMENT VERIFICATION

**Parent or Guardian Receiving Preschool or Early Care Services**

### 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)

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>ZIP</th>
</tr>
</thead>
</table>

### Employment Information

<table>
<thead>
<tr>
<th>Name or Employer (Agency/Company)</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>CITY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Employed</th>
<th>Salary/Hourly</th>
<th>Overtime Rate</th>
<th>Other Pay (Tips, Bonus, Commission, etc.)</th>
<th>Employee is Paid (Please Circle One)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weekly</td>
</tr>
</tbody>
</table>

### Work Schedule

<table>
<thead>
<tr>
<th>Days Working</th>
<th>Time In</th>
<th>Lunch / Break</th>
<th>Time Out</th>
<th>Hours Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
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<tr>
<td>Monday</td>
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<tr>
<td>Saturday</td>
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</tbody>
</table>

I authorize my employer to release the above information.

<table>
<thead>
<tr>
<th>Signature of Parent / Guardian</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Authorized Employer Representative</th>
<th>Print Name</th>
</tr>
</thead>
</table>

Comments:

<table>
<thead>
<tr>
<th>Contact Phone</th>
<th>Date</th>
</tr>
</thead>
</table>

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.
Training Verification

TO BE COMPLETED BY STUDENT

(With an electronic printed class schedule attached)

<table>
<thead>
<tr>
<th>Section A</th>
<th>PARENT/GUARDIAN INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent OR caretaker’s Name (Last, First, Middle)</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Professional OR Vocational Goals (Example: To become a Registered Nurse, To become an Administrative Assistant)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B</th>
<th>TRAINING/EDUCATION INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School or Organization where training/education is received</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Anticipated Completion Date for Training/Education</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C</th>
<th>ATTACHMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attach an electronic printout of your current class schedule from the training institution where the training/education will be received.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section D</th>
<th>SIGNATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaffey College Child Development Center has permission to contact my training institution to verify information on this form.</td>
<td></td>
</tr>
<tr>
<td>Signature of Parent or Caretaker</td>
<td>Date</td>
</tr>
</tbody>
</table>

**REMINDE RS**

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.