

PARENT MUST COMPLETE

- Sibling currently in program
- Additional Sibling on Waiting List

SIBLING'S NAME _____ GRADE _____

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

NAME OF CENTER _____

SCUSD Child Development Department
 Fee-Based Office
 5735 47th Avenue, Box # 715
 Sacramento, CA 95824
 916-643-7814 or 916-643-7815



FOR OFFICE USE ONLY

DATE REC'D: _____
 DATE ENTERED ON LIST: _____
 DATE REMOVED: _____
 REASON: _____

CHILDREN'S CENTER WAITING LIST APPLICATION
K - 6th GRADE FEE-BASED PROGRAMS

PLEASE CHECK SITE:

- Leonardo da Vinci Children's Ctr. Martin Luther King Children's Ctr. Matsuyama Children's Ctr. Theodore Judah Children's Ctr.

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'S NAME: _____ (MOTHER ___ FATHER___)	EMAIL: _____
DOES THIS PARENT RESIDE IN THE HOME WITH CHILD? ___ YES ___ NO	CELL PHONE: _____
PLACE OF EMPLOYMENT: _____	WORK PHONE: _____
PARENT'S NAME: _____ (MOTHER ___ FATHER___)	EMAIL: _____
DOES THIS PARENT RESIDE IN THE HOME WITH CHILD? ___ YES ___ NO	CELL PHONE: _____
PLACE OF EMPLOYMENT: _____	WORK PHONE: _____

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

I understand that when a space becomes available for my child, I will be notified. A \$85.00 registration fee will be charged at that time. All enrollment papers must be completed and the first month's fees paid in full before a child can be accepted for care. I understand that it is the parent/guardian's responsibility to keep their child's waiting list form updated with current phone numbers and addresses. In the event that the information provided is no longer current, the waiting list form will become inactive and the child will be removed from the waiting list.

PARENT/GUARDIAN SIGNATURE : _____ DATE : _____