



Child Development Center

Services Application

Rank: \_\_\_\_\_ Application Received: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Student I.D.: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

	Child's Full Name	Child's Date of Birth	Child's Age	Classroom (Office Use Only)
1				
2				
3				

If you are applying for subsidized childcare, you **must** complete the information below:

\_\_\_\_\_ Check here if you receive CalWORKS  
 \_\_\_\_\_ Gross Monthly Income (before taxes)  
 \_\_\_\_\_ Number of members in your household

Hours of service are from:

**7:45am-3:30pm Monday-Thursday and 7:45am-2:30pm on Friday**

The Child Care Schedule **Needed** is:

Mondays from: \_\_\_\_\_ to \_\_\_\_\_  
 Tuesdays from: \_\_\_\_\_ to \_\_\_\_\_  
 Wednesdays from: \_\_\_\_\_ to \_\_\_\_\_  
 Thursdays from: \_\_\_\_\_ to \_\_\_\_\_  
 Fridays from: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ NVC Student \_\_\_\_\_ NVC Employee \_\_\_\_\_ Community

***I have completed the application to the best of my knowledge. I will notify the NVC CDC of any changes in my family situation that may affect my ranking (income, family size) within 30 days. I understand my application is good for one year, and that I will be automatically removed after that time. I understand that I will be removed from the waitlist if my phone number is disconnected or if I am contacted about a space for my child and fail to respond in a timely matter.***

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_