



Preliminary Application – Subsidized Program

Rank: _____ Application Received: _____

Parent's Name: _____ Student I.D.: _____

Home Address: _____ City: _____ Zip: _____

Email: _____

Phone: (Home) _____ (Cell) _____ (Other) _____

Child lives with? _____ Both Parents _____ Father _____ Mother _____ Other

	Child's Full Name	Child's Birthdate	Child's Age	Classroom (Office Use Only)
1				
2				
3				

For subsidized care, eligibility, placement on the waitlist and tuition are based on the family's per capita income. 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 care are based on actual work hours and/or hours of training/school of the parent. During your intake exact hours of care are determined in consultation with you. Please let us know what hours you think you will need care.

DAY	DROP OFF TIME	PICK UP TIME
Mondays		
Tuesdays		
Wednesdays		
Thursdays		
Fridays		

_____ 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: _____