



Child Development Center  
Child Development Services Application

Rank: \_\_\_\_\_ Application Received: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell Other

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

Other: \_\_\_\_\_

	Child's full name	Child's date of birth	Age	Office use only Classroom
1				
2				
3				

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

\_\_\_\_\_ Check here if you receive CalWORKs Gross Monthly Income: \_\_\_\_\_

\_\_\_\_\_ Number members in your household

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\_\_\_\_\_ Check here if you are applying for a Non-Subsidized, Full Tuition Childcare

**Hours of service are from 7:45a-3:15p Monday through Friday**

The Child Care Schedule **needed** is:

Monday from \_\_\_\_\_ to \_\_\_\_\_  
Tuesday from \_\_\_\_\_ to \_\_\_\_\_  
Wednesday from \_\_\_\_\_ to \_\_\_\_\_  
Thursday from \_\_\_\_\_ to \_\_\_\_\_  
Friday 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.**

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

Date: \_\_\_\_\_