



UCSC EARLY EDUCATION SERVICES Child Care Waitlist Application

Please fax to 831-459-5222 or mail to 599 Koshland Way, Santa Cruz, CA 95064

Caretaker #1: (Must be UCSC Student)

Name _____

Relationship to child: _____ UCSC Email: _____

Alternate Email: _____

Phone () _____ () _____ () _____
Home Day Work

Address _____
Street City State Zip Code

Anticipated Date of Graduation: _____

UCSC Affiliation: STUDENT ID: _____

Student :Undergraduate: Admission Date: _____

Student – Graduate: Admission Date: _____

Caretaker #2:

Name _____

Relationship to child: _____ Email: _____

Phone () _____ () _____ () _____
Home Day Work

Address _____
Street City State Zip Code

UCSC Affiliation

Student

Staff/Faculty

No Affiliation w/ UCSC

Family Size:

Single Parent Family? Yes or No Please circle one

Total number of adults and children living in home _____ (include your unborn child if applying for infant care)

Children Needing Care:

Child #1 Full Name: _____

Birth Date/Due Date _____ Gender: Male Female Unknown

Preferred Start Date _____ Child's Grade Level (if school age) _____

Child #2 Full Name: _____

Birth Date/Due Date _____ Gender: Male Female Unknown

Preferred Start Date _____ Child's Grade Level (if school age) _____

Child #3 Full Name: _____

Birth Date/Due Date _____ Gender: Male Female Unknown

Preferred Start Date _____ Child's Grade Level (if school age) _____

Does any of your children listed above have exceptional needs? YES NO If yes, briefly describe:

**UCSC Students who are applying for
fee-for-service (non-subsidized) are not required to complete Page 2**

Are you applying for subsidized childcare? Yes or No (circle one)

If yes, please complete below

Income Information: Families applying for *subsidized* child care must list all sources of gross monthly income which will apply to your family at the time you would like your child(ren)'s enrollment to begin. If your family is offered enrollment, you will be required to submit current income documentation at your enrollment interview. *You will need to update this information if and when it changes because it may affect your child's placement on the waitlist.*

	<u>Caretaker #1</u>	<u>Caretaker #2</u>
Wages (monthly gross, including T.A., R.A. income).....	_____	_____
TANF and other forms of Public Assistance (not food stamps)	_____	_____
Child Support/Alimony.....	_____	_____
Workers Compensation or Disability.....	_____	_____
Unemployment Insurance.....	_____	_____
Private Loans (including family support).....	_____	_____
Other Income (specify).....	_____	_____
Financial Aid (\$ amount not necessary)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Subtotal Gross Monthly Family Income _____

Subtract Child Support Paid (_____)

Total Adjusted Gross Monthly Family Income (w/o Financial Aid) _____

Need For Child Care: In order for your child(ren) to qualify for *state subsidized enrollment*, you must have a demonstrated need for child care. Please answer all questions below regarding your family's need for child care *at the time you would like your child(ren) to begin enrollment.*

CARETAKER #1:

In training/education YES NO

Full Time/Part Time FT PT

Name of School _____

Undergrad or Grad UG G

Employed YES NO

Employment Schedule FT PT

Work Zip Code _____

Seeking Employment YES NO

Incapacitated YES NO

CARETAKER #2:

In training/education YES NO

Full Time/Part Time FT PT

Name of School _____

Undergrad or Grad UG G

Employed YES NO

Employment Schedule FT PT

Work Zip Code _____

Seeking Employment YES NO

Incapacitated YES NO

WAITING LIST AGREEMENT

I have read the instructions for completing this form and to the best of my knowledge have answered the questions truthfully with regard to income and student status. I understand that it is my responsibility to notify UCSC Early Education Services of any changes in the above information.

Signature of Parent/Guardian

Date