

# Gavilan College Child Development Center

## Subsidized-Low Income Application

Ranking # \_\_\_\_\_

Date received \_\_\_\_\_

### Child's Information

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Language Spoken in Home \_\_\_\_\_ Child lives with Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_

Check any status that pertain - Foster child \_\_\_\_\_ Legal/Temp Guardianship \_\_\_\_\_ Homeless \_\_\_\_\_ CPS Case \_\_\_\_\_ Special Needs \_\_\_\_\_

### Parent/Guardian Information

**#1 Parent/Guardian Name** \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First MI Last

Name of Employment Company \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_

**#2 Parent/Guardian Name** \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First MI Last

Name of Employment Company \_\_\_\_\_ Work telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Income Source:** Employment \_\_\_\_\_ CALWorks \_\_\_\_\_ TANF \_\_\_\_\_ Unemployment \_\_\_\_\_ Child Support \_\_\_\_\_

Other \_\_\_\_\_

**Gross Monthly Household Income (Before Deductions)** \$ \_\_\_\_\_ **Number of People in the household** \_\_\_\_\_

**Training Goals of Parent/Caretaker (Students Only):** \_\_\_\_\_ Units taking \_\_\_\_\_ Major \_\_\_\_\_ Specific Career Goal \_\_\_\_\_

**Additional Household Dependants (Do Not include names above)**

First and Last Name	Age	Birthdate	Social Security Numbers

**Program Desired:** \_\_\_ Spring "200\_\_" \_\_\_ Fall "200\_\_"

**Hours of Care Required (at least 6.5 Hours)**

\_\_\_ Full Day Campus Preschool (8:00am -4:00pm)

Monday \_\_\_:\_\_\_ to \_\_\_:\_\_\_

Tuesday \_\_\_:\_\_\_ to \_\_\_:\_\_\_

\_\_\_ Half Day State Preschool (8:00am-12:00pm)

Wednesday \_\_\_:\_\_\_ to \_\_\_:\_\_\_

Thursday \_\_\_:\_\_\_ to \_\_\_:\_\_\_

**Is child completely toilet trained?** YES NO

Friday \_\_\_:\_\_\_ to \_\_\_:\_\_\_

Record of Contacts/Notes: (For Staff use only)

Date	Comments

# **Gavilan College**

## **Child Development Center**

5055 Santa Teresa Blvd.

Gilroy, CA 95020

Tel.(408) 848-4815

Fax.(408) 846-4978

### **Paperwork Required with Application:**

**PROOF OF INCOME:** The most recent check stubs for an entire month are preferred. If check stubs are not available, a **Parental Declaration of Income** is required and provided by the CDC Secretary. If you are on AFDC, TANF, or CALWorks, we will accept your **Notice of Action** stating amount of cash aid received. Proof of income is required for both parents if residing in the same home. If you are married, but separated, you must provide proof of legal separation. If you do not have documentation, we will need proof of income from both parents.

**Please Note:** Applications without proof of income will not be accepted.

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### **Additional Paperwork required after child has been accepted:**

**A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD:** This is usually on a yellow card, which will also have TB skin test results recorded on it.

**CHILD'S NEGATIVE TB TEST:** Must be received and read within the past 12 months. Test is not valid without a reading date. We will also accept a doctor's written recommendation not to have TB skin test given, but must also be dated within the past 12 months.

**FAMILY SIZE VERIFICATION: EXAMPLE:** tax returns, notice of action from Social Services, rental agreement or any other legal document that lists names of each family member residing at current resident.

**PARENT CLASS SCHEDULE:** Needed for all students currently enrolled at Gavilan College or another training program.

**Thank you for your interest in the  
Gavilan College Child Development Center!**