

WAITING POOL APPLICATION

**Cuyamaca College
Child Development Center
900 Rancho San Diego Parkway
El Cajon, Ca 92019
619-660-4660
Cuyamaca.CDC@gcccd.edu**

Completing this form does not guarantee enrollment.
Completing this application and all required documentation places your child on the waiting list. This institution is an equal opportunity provider.

Today's Date ___/___/___ **Staff/Faculty** ___ **Community** ___

Child(ren) name _____ **Birth date** ___/___/___
 _____ **Birth date** ___/___/___
 _____ **Birth date** ___/___/___

Parent/Guardian's name _____

Address _____ **City** _____ **Zip** _____

Phone (home) _____ **(cell)** _____

E-mail address _____

<p>Circle days interested in care-</p> <p style="text-align: center;">M T W Th F</p> <p>Flexible* #of days _____</p>	<p>Circle hours of interest-</p> <p style="text-align: center;">8:00-12:30 (Half Day)</p> <p style="text-align: center;">8:00-2:30 (3/4 Day)</p> <p style="text-align: center;">7:30-4:30 (Toddler full day)</p> <p style="text-align: center;">7:30-5:30 (Preschool Full Day)</p> <p style="text-align: center;">7:30-5:30 (Toddler Extended Day)</p>
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Has your child attended a program before? _____

Is your child current on immunizations? _____

The CDC follows the classified calendar of Cuyamaca College. A list of the scheduled days the Center is closed may be obtained at the front desk.

Office Notes:		
Date	Initials	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our Center?

___ **Friend** ___ **Campus Referral** ___ **WEB Site** ___ **Student** ___ **Other**