

WAITING POOL APPLICATION

Cuyamaca College
Child Development Center
900 Rancho San Diego Pkwy.
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.

REMINDER: Children must be 18 months old before school starts each semester to enroll in our Center. Children turning 18 months after school begins each semester will not be offered enrollment until the next semester begins.

PARENT A (Please list Cuyamaca College affiliated parent first.) SINGLE PARENT (Check box)

NAME: _____ STUDENT ID #: _____
First Middle Initial Last

ADDRESS: _____ CITY/ZIP: _____

PHONE NUMBERS: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

PARENT/PARTNER B (Living in the home)

NAME: _____ STUDENT ID #: _____
First Middle Initial Last

PHONE NUMBERS: (Work) _____ (Cell) _____

CHILDREN (List all children residing in the home who are UNDER 18.)

NAME: _____ BIRTHDAY: _____

NAME: _____ BIRTHDAY: _____

NAME: _____ BIRTHDAY: _____

HOW DID YOU HEAR ABOUT OUR CENTER? _____ REQUESTED START DATE _____

PLEASE CHECK THE BOX THAT BEST DESCRIBES YOU:

Affiliated Status

- Sibling to Enrolled Child _____
- Cuyamaca Student _____
- Cuyamaca Work Study/Dept.: _____
- Cuyamaca CalWORKs: _____

CHECK **ALL** THOSE THAT APPLY:

- I am interested in the YEAR ROUND PROGRAM. (for working families)
- I am a Cuyamaca or Grossmont College student, and am interested in the ACADEMIC YEAR PROGRAM ONLY (fall & spring).
- I am a Cuyamaca or Grossmont College student (or will be when I enroll my child) and I would like to be considered for the funding program. **To be considered for the funding program you must submit income verification for the family along with your Waiting Pool Application Form.** Please attach verification and documentation, i.e. check stubs (one month's worth), financial aid award letter, notice of action, statement from parent declaring amount of child support, etc.; to provide proof of total Family Income (gross, not net) when you submit this form.

PARENT A EMPLOYER _____ TOTAL GROSS MONTHLY INCOME _____

PARENT B EMPLOYER _____ NUMBER OF MEMBERS IN FAMILY _____

You are responsible to notify us if your email, address, or phone number changes. Please submit any income changes, up or down, to ensure we have accurate up to date information for your file.

Please send any changes to Cuyamaca.CDC@gcccd.edu

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Priority Number _____ Funding Status _____ Account # _____
Reason for Dropping _____ Date _____

To add your child to our Waiting Pool, please attend a tour. Tours are available by appointment only. Please call 619-660-4660 to schedule your tour. Applications are kept for one year and must be renewed every April. If space becomes available, we will notify you by phone.