

Office Use Only:	WL#:	Rank #:	OD:
FC:	CN 1:	CN 2:	CN 2:

(818) 677-2012

fax (818) 677-6796

AS/CSUN Children's Center
 18111 Nordhoff St.
 Northridge, CA
 91330-8278

www.csun.edu/as/childrens-center

Registration Form for Eligibility List
 For Subsidized Child Care and Development Services

At least one parent/guardian living with child/ren for whom services are requested must be a fully-accepted into a CSUN Bachelor's, Master's, or Credential program, enrolled in at least 6 units for the semester for which care is requested.

It is your responsibility to update your information! Contact us by phone, email, or in person.

COMPLETE BOTH SIDES OF FORM		Application Date:	
Parent/Guardian #1 Information			
Last name:		First name:	
Street address:		City:	Zip Code:
Home phone:		Cell phone:	
Work/other phone:		CSUN Email:	
Name of school:		Name of employer:	
CSUN student ID number:			
Indicate if your household is a: Single parent family Two parent family			
Parent/Guardian #2 Information <i>(Complete only if there is another parent/guardian residing in the same home.)</i>			
Last name:		First name:	
Name of school:		Name of employer:	Work phone:
CSUN student ID number:		Cell phone:	
Reason for Needing Child Care <i>(Check all that apply.)</i>			
	Parent/Guardian #1	Parent/Guardian #2	
Attending School or Job Training			
Working			
Part-day educational preschool experience for child			
Looking for Work			
Monthly Income and Sources <i>(Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household.)</i>			
	Parent/Guardian #1	Parent/Guardian #2	
Work/Employment	\$	\$	
Child Support	\$	\$	
Spousal Support	\$	\$	
State Disability	\$	\$	
Unemployment benefits	\$	\$	
Sales/Work Commissions	\$	\$	
Cash Aid (CalWORKs)	\$	\$	
Worker's Compensation	\$	\$	

	Parent/Guardian #1	Parent/Guardian #2
Social Security	\$	\$
SSI/SSP	\$	\$
Other (explain):	\$	\$

Do you (or have you) applied to receive financial aid from CSUN or any other school or college?						
	Parent/Guardian #1	Yes	No	Parent/Guardian #2	Yes	No
Did you receive Pell Grant?	Parent/Guardian #1	Yes	No	Parent/Guardian #2	Yes	No

Children Living at Home (All children under 18 who are members of the family. Attach an additional page, if needed.)

First and Last Name	Gender	Date of Birth	Check only if child care is needed.	
			Full-time	Part-time
1.	F M			
2.	F M			
3.	F M			

Foster Care Payments

Are you currently receiving foster care payments for any of the children listed above? Check which child and write the monthly amount.

Child #1 \$	Child # 2 \$	Child # 3 \$
-------------	--------------	--------------

Special Needs (*Check all that apply*)

	Child # 1	Child # 2	Child # 3
Child Protective Services			
Child has IFSP (Individual Family Service Plan) or IEP (Individual Education Plan) If so, what service are they receiving: _____			
Child receives services through Regional Center, School District or Medical Insurance			
Social emotional/behavior			
Ongoing health problems			
Developmental delays			
Speech/communication			
Vision or hearing			
Other (<i>please explain</i>):			

Requested Schedule: DO NOT LEAVE BLANK

Session:	Year:
----------	-------

Monday	Tuesday	Wednesday	Thursday	Friday
In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:

Parent Signature

Date

How did you find out about our program:

CSUN Website Advertisement Flyer Community event Word of mouth Other _____