



UCSC EARLY EDUCATION SERVICES
Child Care Waitlist Application

Caretaker #1: (Must be UCSC Student)

Name _____

UCSC Affiliation

- Student - Undergraduate
- Student - Graduate

Relationship to child: _____ **UCSC Email:** _____

Alternate Email: _____

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

Address _____
Street City State Zip Code

Caretaker #2:

Name _____

UCSC Affiliation

- Student
- Staff/Faculty
- No Affiliation w/ UCSC

Relationship to child: _____ **Email:** _____

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

Address _____
Street City State Zip Code

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's Name: _____

Birth Date/Due Date _____ Gender: Male Female unknown at this time

Preferred Schedule All Day Mornings Afternoons Any Space Available

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

Child's Name: _____

Birth Date/Due Date _____ Gender: Male Female unknown at this time

Preferred Schedule All Day Mornings Afternoons Any Space Available

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

*UCSC Students who are applying for
fee-for-service care need not complete the reverse side.*

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

If yes please provide everything 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.*

Does your child have exceptional needs? YES NO If yes, briefly describe:

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