

PARENT MUST COMPLETE

- Sibling currently in program
- Additional Sibling on Waiting List

6, % /, 1 * ¶ 6 1 \$ 0 (*

- Currently enrolled in SCUSD Fee-Based Child Care Program
- Previously enrolled in SCUSD Fee-Based Child Care Program

NAME OF CENTER _____

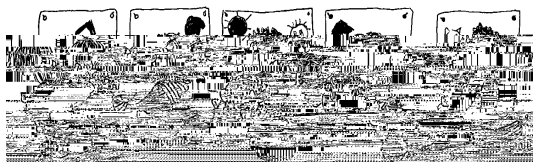
SCUSD Child Development Department

Fee-Based Office

5735 47th Avenue, Box # 715

Sacramento, CA 95824

916-643-7814 or 916 - 643-7815



FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE ENTERED ON LIST: _____

DATE REMOVED: _____

REASON: _____

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K - 6th GRADE FEE-BASED PROGRAMS**

PLEASE CHECK SITE:

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Do you have a waiting list form currently on file for another Center listed above? If so, which site: _____

Who will be paying the child care fees? Parent/Guardian Child Action Cal Works OTHER: _____

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ ZIP: _____

HOME PHONE: _____ GRADE LEVEL: _____ SCHOOL YEAR: 20__ - 20__

PARENT ¶

TENTATIVE SCHOOL DAY SCHEDULE: (Anticipated care needed. Actual hours may be adjusted when care is contracted)

	A.M. ARRIVE		P.M. DEPART		TOTAL HOURS		CLASS TIME		TOTAL HOURS AT CENTER
Mon.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Tues.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Wed.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Thurs.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Fri.	____:____	to	____:____	=	_____hrs	-	_____	=	_____

CARE NEEDED: SCHOOL YEAR ONLY SCHOOL YEAR & SUMMER SUMMER CARE ONLY