Victor Valley COMMUNITY COLLEGE

Child Development Center
Eligibility List Form

CARE NEEDED FOR _____ ***SEMESTER*** ***DATE APPLIED*** _____

DATE REAPPLIED _____

Parent(s) Name (s) _____ (1) _____ (2) _____
Last Mother Father

Address: _____ ( ) _____
Street Apt. # City Zip Code Telephone Number

Single Parent ☐ Family Size ☐ CalWORKs Student: Yes ☐ No ☐ TANF-Child Care: Yes ☐ No ☐

Total Gross Monthly Household Income (before taxes) **$** _____ **Per Capita** (Gross divided by Family Size): **$** _____

Source(s) of Income:

Employment ☐ $ _____ Child Support ☐ $ _____ AFDC ☐ $ _____ State Disab. ☐ $ _____

Unemployment ☐ $ _____ Worker's Comp. ☐ $ _____ SSI ☐ $ _____ Social Sec. ☐ $ _____

Foster Care ☐ $ _____ Other ☐ $ _____ Explain _____

Parent (1) is: Employment ☐ Seeking Employment ☐ School/Training ☐ Other ☐ _____

Parent (2) is: Employment ☐ Seeking Employment ☐ School/Training ☐ Other ☐ _____

Mother's Place of WORK _____ Days/Hours _____ SSN _____

TRAINING _____ Days/Hours _____

MAJOR _____ Registered: Yes ☐ No ☐ Appt. to Register: _____

Father's Place of WORK _____ Days/Hours _____ SSN _____

TRAINING _____ Days/Hours _____

MAJOR _____ Registered: Yes ☐ No ☐ Appt. to Register: _____

Children Needing Care			***Other Children in the Home***		
Name	***DOB***	***Age***	***Name***	***DOB***	***Age***

Special Needs: CPS ☐ Limited English ☐ Handicapped ☐ _____

DAYS AND HOURS REQUESTED				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**

Office Use Only

Date	Left Message		Line Busy			No answer	Open enrollment letter mailed out	Paper work will be picked up in the next two working days	Paper work never picked up	Date of the Appt.	Appt. or open enrollment missed	Days/ Hours offered
	Who	ANSWER MACHINE	1st try	2nd try	3rd try							