# Solano Community College - Children's Programs
# Eligibility Application

Today's Date:

*(Staff: Use reverse side to record all contacts with parent.)*

## *Child's Data:* Birth Date: _____/_____/_____ ❑ M ❑ F

Name: _____ _____
       last           first

Yes No
❑   ❑   Does your child speak English as a 2nd Language? 1st Language: _____

Yes No
❑   ❑   Does your child have special needs? Explain: _____

## *Parent's Data:* ❑ Mom    ❑ Dad    ❑ Guardian

Primary Phone: (_____) _____-_____

Name: _____ _____
       Last           First

Secondary Phone:(_____) _____-_____

Address: _____
           Street

Student/Staff ID#: _____

_____, CA _____
      City           Zip

Sibling(s) on our Wait List   Birth Date(s)

Yes No
❑   ❑   Are you currently a Solano College Student?   Staff ❑

If not, will you enroll in the future? Semester: _____

I am applying for: ❑ Non-subsidized *(full cost)*

❑ Subsidized *(Depending on income, some or all of child care costs may be covered.)*

**For subsidized care please fill this out**:     Number of children _____ & number of adults _____ in family.

First Parent's gross income: $_____ per ❑ mo. ❑ yr.    Second Parent's gross income (if living in the home): $_____ per ❑ mo. ❑ yr.

Is any of the above CalWORKS income? If yes amount $_____      Is any of the above Social Security Income? If yes amount:$_____

# Record of Contacts

Please initial and record *detailed* information about contacts made:  messages left and with who, parent's responses, etc.

| Date of Action | Position (Room/days/time) | Papers P/U | Papers due | Outcome | Initial |
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Return to:   Solano Community College
Children's Programs
4000 Suisun Valley Road - Bldg. 200
Fairfield, CA  94534-3197