Solano Community College Early Learning Center
Application for Services

Today's Date: _____

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

Name: _____   _____
                          last   first

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

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

Parent's Data: ❑ Mom   ❑ Dad   ❑ Guardian   Primary Phone: (_____) _____-_____

Name: _____   _____   Secondary Phone:(_____) _____-_____
                Last   First

Address: _____   Student/Staff ID#: _____
                                    Street

_____, CA _____
              City   Zip

Yes No
❑   ❑ Are you currently a Solano College Student?   Staff ❑
         If not, will you enroll in the future? Semester: _____

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

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

Rv 3/21

Instructions:
To use the submit button you will need to install Adobe Reader.
After installation is complete, download this document and open it in Adobe Reader.
Once open, fill out the document and press submit.

If an email prompt does not generate after pressing submit, please save the document and email to Sabrina.Drake@solano.edu

If you do not have access to Adobe Reader, you can print out this page, complete the application by hand and return it as an attachment to the email listed above.