

Hartnell College  
CHILD DEVELOPMENT CENTER

Application for the 2006/2007 School Year

Program Preference:

\_\_\_\_\_ 8:30 - 11:30 a.m. or  
\_\_\_\_\_ 1:00 - 4:00 p.m.

\_\_\_\_\_ Main Campus or  
\_\_\_\_\_ East Campus

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(as listed on Birth Certificate) Last Name First Name Middle Name

Child's Birth Date: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Primary Language of Child: \_\_\_\_\_ English Proficient? \_\_\_\_\_

Primary Language of Parent: \_\_\_\_\_ English Proficient? \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street Address City Zip Code

Mailing Address, if different: \_\_\_\_\_  
P.O. Box or Street Address City Zip Code

Child's Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone Number

Best phone number to reach parent during day: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Phone Number

Name of Mother: \_\_\_\_\_ Lives with child? \_\_\_\_\_  
Last Name First Name MI

Name of Father: \_\_\_\_\_ Lives with child? \_\_\_\_\_  
Last Name First Name MI

If Applicable:

Single Parent If divorced or separated, is there a court order denying or restricting a parent's visitation of the child at school?  No  Yes (attach copy of court order)

If Applicable: List any other adults, age 18 or over, living in the same home as the child:

\_\_\_\_\_  
Last Name First Name MI Relationship to Child

\_\_\_\_\_  
Last Name First Name MI Relationship to Child

If Applicable: List any siblings, under the age of 18, living in the same home as the child:

\_\_\_\_\_  
Last Name First Name MI Gender Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Last Name First Name MI Gender Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Last Name First Name MI Gender Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Last Name First Name MI Gender Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

For Office Use Only

Date Application Received: \_\_\_\_\_ Family Income \_\_\_\_\_ Family Size \_\_\_\_\_

Priority Ranking Number: \_\_\_\_\_ Date Approved For State Preschool: \_\_\_\_\_