Services We Provide to Help Families and Children

- Full day therapeutic child development/childcare program for children ages 2 – 5 years of age.
- Parent education and support program
- Family counseling and advocacy
- Play Therapy for children
- Classroom Intervention Therapy for children
- Family activities and events
- Child nutrition program
- Collaborative partnership with school services and other social services and health service providers
- Parent support with school transitions/events
- Assistance to families to access needed community services

Our Children's Program

- Provides a developmental program based on the child's individual needs and strengths
- Includes a treatment program for each child
- Offers a home-like family environment
- Uses a positive approach to encourage appropriate behavior
- Helps the child develop respect for self and others
- Builds the child's problem-solving and social skills
- Assists the child to develop self-control and responsibility
- Encourages a positive attitude about learning
- Helps the child learn to constructively release and express emotions
- Enhances the child's self-esteem
- Helps support learning foundations and school readiness skills

Our Staff Values

Teamwork: We work together as a team knowing that communication and trust are essential

Dedication: We are dedicated to helping children and families and approach our work with humor and a positive attitude.

Professionalism: We are knowledgeable, experienced, and to strive to improve skills through education and training.

Child Development Resource Center
OF THE CENTRAL COAST

All information is confidential.

All parts must be filled out completely to determine your eligibility for placement on the eligibility list. Any incomplete applications will be returned.

Documentation of this information, including income, will be required prior to enrollment.

PART 1: PARENT/GUARDIAN INFORMATION

PARENT or GUARDIAN - A

First Name:_____

Middle Name or Initial: _____

Last Name: _____

Date of Birth: _____/_____/_____

Preferred Language:_____

Relationship to child(ren): _____

Home Ph: (_____)_____-_____   **Cell Ph:** (_____)_____-_____

Home Address: _____ **Apt.** _____

City:_____ **State:** _____**Zip Code:**_____

Mailing Address (if different): _____

Email Address: _____

Marital Status: _____Single   ___Married   ___Divorced   ___Separated   ___Widowed

_____

PARENT or GUARDIAN - B (Complete ONLY if they reside in the home)

First Name:_____

Middle Name or Initial: _____

Last Name: _____

Date of Birth: _____/_____/_____

Preferred Language:_____

Relationship to child(ren): _____

Home Ph: (_____)_____-_____   **Cell Ph:** (_____)_____-_____

Home Address: _____ **Apt.** _____

City:_____ **State:** _____**Zip Code:**_____

Mailing Address (if different): _____

Email Address: _____

Marital Status: _____Single   ___Married   ___Divorced   ___Separated   ___Widowed

(Continued on page 3)

PART 2: NEED FOR CHILD CARE

SECTION B: Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/guardian listed on the previous page.

Parent or Guardian	Reason For Needing Service	Parent or Guardian	Reason for Needing Service
	Child referred "At Risk**" (must provide referral)**		Actively seeking employment.
	Parent or Guardian incapacitated because of medical or psychiatric special needs.		Seeking permanent housing.
	Working. **Complete Section C**		Education or Training. **Complete Section C**

SECTION C: Employment, Training, and Student Information. Must be completed for each Parent or Guardian listed above if they are currently working, attending school or training for employment.

Parent or Guardian	Employer or School		Street Address			City		Zip
A								
A								
Days of working or training, school hours. **From:** **To:**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**		**Sunday**

Parent or Guardian	Employer or School		Street Address			City		Zip
B								
B								
Days of working or training, school hours. **From:** **To:**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**		**Sunday**

PART 3: FAMILY INCOME INFORMATION

From Part 1 on the first page of this application, please write "A" for parent/guardian #1 and "B" for parent/guardian #2

If working, please complete:

Parent A: **Hourly Wage is $_____._____ and Number of hours worked each week are _____**

Parent B: **Hourly Wage is $_____._____ and Number of hours worked each week are _____**

From Part 1 on the first page of this application, please write "A" for parent/guardian #1 and "B" for parent/guardian #2 and the GROSS AMOUNT next to all that apply.

_____Child Support	$_____/month
_____Cash Aid Assistance	$_____/month
_____Foster Care or Adoption Assistance	$_____/month
_____State/Private Disability Insurance	$_____/month
_____Unemployment	$_____/month
_____Social Security Survivor Benefits or Income Assistance Benefits	$_____/month
_____Social Security Disability Benefits	$_____/month
_____Retirement Benefits	$_____/month
_____Financial Aid: State or Federal Grants/Scholarships	$_____/per TERM
_____Other (explain)	$_____/month

PART 4: FAMILY SIZE INFORMATION

Number of children, in your home & under age 18, that you are financially responsible for? _____

Child's First & Last Name	Birth Date	Sex	Name of School	Grade	Has an IEP Or IFSP?	Limited English Proficiency?	Needs Child Care?

Other adults living in your home: NAME _____ Relationship to Child_____

NAME _____Relationship to Child_____

Are you currently using & paying for child care? _____ Provider's Name: _____

Are you currently enrolled with an agency that pays for your child care or offers free child care? _____

Agency/Program Name: _____

Name of child/children enrolled _____

(Continued on page 5)

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HAVE YOU COMPLETED ALL THE REQUESTED INFORMATION IN PARTS 1 THROUGH 4?

I swear under penalty of perjury that the above information is true and correct.

This application is only for placement on a waiting list, and does not guarantee

enrollment into a subsidized child care program.

In order to REMAIN ACTIVE on the waiting list, I understand that I must:

    (1) Notify the SLOCDC of any changes to the information listed here (name, address,

telephone, gross monthly income,

      family size, or need), and

    (2) Respond to any SLOCDC update requests

I hereby authorize the release and sharing of any and all information on this application

among the participating agencies of the Child Development Resource Center (SLOCDC)

for the purpose of eligibility determination, waiting list maintenance and updating,

consideration for enrollment into subsidized child care, or program reporting

requirements.

This information will be treated as confidential by all participating agencies.

Parent/Guardian Signature   **Date**