

Waiting Pool Application

Grossmont College Child Development Center
8800 Grossmont College Drive
El Cajon, CA 92020
(619) 644-7715

CHILD (List the child who WILL BE coming to this Center.)

NAME: _____ BIRTHDAY: _____

HOMELESS/TEMPORARY HOUSING

SINGLE PARENT

CHILD HAS CURRENT IFSP or IEP

PARENT A (Please list Grossmont College affiliated parent first.)

NAME: _____
First _____ Middle Initial _____ Last _____

ADDRESS: _____ CITY/ZIP: _____

PHONE NUMBERS: (Cell) _____ (Work) _____

E-MAIL ADDRESS: _____

PARENT B

NAME: _____
First _____ Middle Initial _____ Last _____

ADDRESS (if different from child's address) _____ CITY/ZIP: _____

PHONE NUMBERS: (Cell) _____ (Work) _____ (Email) _____

List all children under the age of 18 living in the household including the child on this application::

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

CHECK ALL THOSE THAT APPLY:

Grossmont College Student ID #: _____ Sibling to Enrolled Child _____

Grossmont College Faculty/Staff Dept.: _____

I am a Grossmont College student/faculty or staff and I would like to be considered for the funding program because we receive the following means-tested program benefits.(Mark all that apply; proof of enrollment will be required):

CalWorks Recipient CalFresh/EBT Medi-Cal WIC (Women/Infants/Children)

TOTAL GROSS MONTHLY INCOME _____ **NUMBER OF MEMBERS IN THE FAMILY** _____

Please notify us if your email, address or phone changes to ensure we are able to contact you regarding your status. You may contact us with changes at (619) 644-7715.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Priority: _____

EHS HS Enrollment Date: _____

Comments or Calls Made

Date: _____ : _____

Date: _____ : _____