

# 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: \_\_\_\_\_ : \_\_\_\_\_

Date: \_\_\_\_\_ : \_\_\_\_\_

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