



Early Childhood Services Application

3333 Watkins Drive, Riverside, CA 92507

South Building Phone: (951) 827-3854 Fax 951-827-3396

North Building Phone: (951) 827-7454 Fax 951-827-7471

Email: ecs@ucr.edu

Website: www.ecs.ucr.edu

<i>ECS OFFICE USE ONLY!</i>	
Family Wait List Eligible	_____
Application #	_____
Amount: _____	Check # _____
Date Application Received:	_____
ECS Staff Initials:	_____

Services are provided for children 2 months old thru Kindergarten age. Proof of Affiliation must be presented by student, staff or faculty families when application is accepted. Priority for enrollment will be given to UCR student families. Submit this application to the address above. **An application fee of \$25.00 is required and non-refundable by check or money order** payable to **Regents UC**. **An application fee is NOT required for UCR Students.** The Child Development Center cannot accept cash or credit card payments for service. After receiving the application fee, if your child cannot be admitted to the Center, his/her name will be placed on the Waiting List and you will be assigned an application number. If you have mailed this application, we will call you with that information. You will be notified when there is an opening available. **All applications must be updated once each year (by June) in order for your application to remain on the wait list. A copy of this application will be given to you for your files. INITIAL HERE:**

I. CHILD'S INFORMATION

Child's Name _____ Date of birth _____ Gender: Female Male
 (Or due date) MM/DD/YYYY

Sibling currently on our Waiting List? Circle: Yes / No Sibling currently enrolled in our program? Circle: Yes / No

II. PARENT/GUARDIAN'S INFORMATION

A. Mother/Guardian's Name _____ Cell Phone _____ Work Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Check one of the following: Undergraduate Student Graduate Student Staff Post-Doc Faculty Non-Affiliated

UCR Department/Employer _____ UCR Student/Employee Number _____

Email Address (print clearly) _____ Anticipated Graduation Date _____

B. Father/Guardian's Name _____ Cell Phone _____ Work Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Check one of the following: Undergraduate Student Graduate Student Staff Post-Doc Faculty Non-Affiliated

UCR Department/Employer _____ UCR Student/Employee Number _____

Email Address (print clearly) _____ Anticipated Graduation Date _____

III. PROGRAMS AVAILABLE

Full Day Infant Program (2-18 months)
 5 Days (M-F)

Full Day Toddler Program (18-36 months)
 5 Days (M-F)

Full Day Preschool Program (3-5 years)
 5 Days (M-F)
 3 Days (MWF)
 2 Days (TR)

Preferred start date depending on availability of program space. Please be specific. _____ / _____ / _____

**** Families are eligible for a state grant funding. Are you interested in applying? _____ if so, please fill out our Subsidized Child Care Application on the reverse side.**

I understand that at the time my child is selected from the wait list and I accept the space, I will be asked to pick up a registration packet and schedule an intake meeting. Once I have picked up the registration packet and schedule an intake interview this is considered my acceptance of the space. **At that time I will be assessed a non-refundable yearly registration fee of \$50.00.**

Parent's Name: _____ Signature: _____ Date: _____