



### 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](mailto:ecs@ucr.edu)

Website: [www.ecs.ucr.edu](http://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 \$30.00 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: \_\_\_\_\_

**IV. SUBSIDIZED CHILDCARE INFORMATION (For tuition assistance only)**

**1. Child (ren)'s Name(s) and Birthdate(s) for whom you are applying:**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

**2. Other Children living at home:**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

**3. Family Size:** \_\_\_\_\_ (Family means number of children, plus adults permanently in the household who accept responsibility for the children).

**4. INCOME: Total gross before taxes withheld. Proof of income required.** (UCR student families please attach award status from growl and graduate student researchers and teaching assistants please attach your contracts.

Mother's Total Gross Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
 Father's Total Gross Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**5. NEED FOR SERVICES**

<i>Need</i>	<i>Mother/Guardian</i>	<i>Father/Guardian</i>
<b>Working</b>	<b>Employer's Name:</b> _____ <b>Hours per week:</b> _____	<b>Employer's Name:</b> _____ <b>Hours per week:</b> _____
<b>In School</b>	<b>Name of School:</b> _____ ___ Undergraduate ___ Graduate <b>Year (circle one):</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> <b># Units Enrolled:</b> _____	<b>Name of School:</b> _____ ___ Undergraduate ___ Graduate <b>Year (circle one):</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> <b># Units Enrolled:</b> _____
<b>Seeking Employment (Mark an X)</b>		

**Do you currently live in Family Housing or have you been offered a move in date?** \_\_\_\_\_

\*\*\*\*\*

I have read the instructions for completing this form and to the best of my knowledge, have answered the questions truthfully with regard to income and student status. I understand that I must provide adequate verification to support any of the claims made on this application. I also understand that it is my responsibility to notify the UCR Child Development Center of any changes in the above information.

**Parent's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The University of California, Riverside Early Childhood Services, does not discriminate against any child because of race, religion, sex or ethnic background. We serve within the limits of our professional abilities' children with special needs due to physical, linguistic, mental and/or emotional disabilities.*

**Office Use Only: FAMILY RANKING #** \_\_\_\_\_