UC RIVERSIDE | Center for Early Childhood Education

CECE OFFICE USE ONLY!
Family Wait List Eligible_____
Application # _____
Amount: _____ Check # _____
Date Application Received: _____
CECE Staff Initials: _____

Center for Early Childhood Education 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.cece.ucr.edu

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 $45.00 is required and non-refundable by check or money order** payable to **Regents UC**. **An application fee is NOT required for UCR Students or families applying for one of our scholarships.** 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. Parent A/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. Parent B/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 state grant funding. Are you interested in applying for one of our scholarships?** (Select) **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 $70.00.**

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

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IV. SUBSIDIZED CHILDCARE INFORMATION (*If applying for a scholarship*)

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

Child's Name: _____ Birthdate: _____/_____/_____ Gender: (Select)

Child's Name: _____ Birthdate: _____/_____/_____ Gender: (Select)

2. Other Children living at home:

Child's Name: _____ Birthdate: _____/_____/_____ Gender: (Select)

Child's Name: _____ Birthdate: _____/_____/_____ Gender: (Select)

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.*

Parent A/Guardian Total Gross Monthly Income: $_____ Source: _____

Parent B/Guardian Total Gross Monthly Income: $_____ Source: _____

5. NEED FOR SERVICES

Need	*Parent A/Guardian*	*Parent B/Guardian*
Working	**Employer's Name**:_____ **Hours per week**:_____	**Employer's Name**:_____ **Hours per week**:_____
In School	**Name of School: _____** ☐ **Undergraduate** ☐ **Graduate** **Year (circle one):** 1st 2nd 3rd 4th 5th **# Units Enrolled: _____**	**Name of School: _____** ☐ **Undergraduate** ☐ **Graduate** **Year (circle one):** 1st 2nd 3rd 4th 5th **# Units Enrolled: _____**
Seeking Employment *(Mark an X)*	☐	☐

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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 Center for Early Childhood Education, 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 #_____ ***Program:*** ***CCTR / CSPP*** ***Priority:*** ***1 2 3 4 5 6***

Revised: 06/18/26