**Cross Cultural Family Center**

P.O. Box 15366, San Francisco, CA, 94115

Telephone: (415) 921-7019 ♦ Fax: (415) 921-7132

E-mail: Gloria (Spanish/English) ggiron@crossculturalsf.org , Susan (Cantonese/ Mandarin/ English) susan@crossculturalsf.org , Young(Korean/ English) ylee@crossculturalsf.org

**Application for Child Care Services**

 ***Location Entry Age***

|  |  |
| --- | --- |
| \_\_\_\_ Richmond District\_\_\_\_ Western Addition\_\_\_\_ Tenderloin\_\_\_\_ Hayes/ Castro\_\_\_\_ Visitacion Valley\_\_\_\_ Potrero Hill | \_\_\_\_ Under 12 Months\_\_\_\_ 13 – 24 Months\_\_\_\_ 25 – 36 Months\_\_\_\_ 3 – 5 Years Old\_\_\_\_ School Age (Tenderloin)\_\_\_\_ Summer School Age Program (Tenderloin)  |
| Center Preference #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Center Preference #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Application to enroll the following child(ren):** |  |  |
|  |  |  |
| Name (last name, first name) |  | Birthdate |
|  |  |  |
| Name (last name, first name) |  | Birthdate |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of parent/guardian:** |  |  |  |
| A. |  |  | B. |  |
|  | Name of Parent(s) or Guardian(s): (last name, first name)  |  |  | Name of Parent(s) or Guardian(s): (last name, first name)  |
|  |  |  |  |  |
|  | Home Address: (Street, City, Zip) |  |  | Home Address: (Street, City, Zip) |
|  |  |  |  |  |
|  | Cell Telephone Work Telephone |  |  | Cell Telephone Work Telephone |
|  | E-mail Address |  |  | E-mail Address |

**Employment &/or Training information of parent(s)/guardian(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. |  |  | B. |  |
|  | Name of Employer/ School |  |  | Name of Employer/ School |
|  |  |  |  |  |
|  | Address (street, city, zip) |  |  | Address (street, city, zip) |
|  |  |  |  |  |
|  | Telephone |  |  | Telephone |

**► FAMILY SIZE: (Includes parents, children, and other dependents living in this household): \_\_\_\_\_\_\_\_\_\_**

**► GROSS MONTHLY INCOME (Pre-Tax): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include all sources of household income).**

**Cross Cultural Family Center**

***Eligibility and Need Information for State-Subsidized Child Care***

**Sources of Income (Check all that apply and include income of all household members):**

 **Parent A Parent B**

Employment \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Self- Employment \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Public Assistance \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Unemployment \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

SSI \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Other - Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. NEED FOR CHILD CARE:**

 **Parent A Parent B**

Employment \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Seeking Employment \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

School or job training \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Child at Risk (CPS) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Homeless \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Incapacity of parent

or child \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

1. **CERTIFICATION:**

I certify by my signature below, that all income that I/we receive has been listed above, and that if my application is selected for enrollment, I/we will be required to provide proof of income and need for child care services. I agree to notify Cross Cultural Family Center when any change occurs in my/our income or eligibility status. I understand that if my family receives subsidized child care services, information pertaining to my eligibility is subject to review by State of California representatives. I understand I have the right to appeal the denial of my request for child care services.

**Parent/ Guardian A: Parent/ Guardian B:**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

***ALL IMMUNIZATIONS MUST BE UP TO DATE BEFORE A CHILD CAN ENTER THE PROGRAM***

|  |  |
| --- | --- |
| Office Use Only | Date Application Received: |