

## Cross Cultural Family Center

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### Application for Child Care Services

#### *Location*

☐ Richmond District  
☐ Western Addition  
☐ Tenderloin  
☐ Hayes/ Castro  
☐ Visitacion Valley  
☐ Potrero Hill

Center Preference #1 \_\_\_\_\_

#### *Entry Age*

☐ Under 12 Months  
☐ 13 – 24 Months  
☐ 25 – 36 Months  
☐ 3 – 5 Years Old  
☐ School Age (Tenderloin)  
☐ Summer School Age Program (Tenderloin)

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.

\_\_\_\_\_  
Name of Parent(s) or Guardian(s): (last name, first name)

\_\_\_\_\_  
Home Address: (Street, City, Zip)

\_\_\_\_\_  
Cell Telephone                      Work Telephone

\_\_\_\_\_  
E-mail Address

B.

\_\_\_\_\_  
Name of Parent(s) or Guardian(s): (last name, first name)

\_\_\_\_\_  
Home Address: (Street, City, Zip)

\_\_\_\_\_  
Cell Telephone                      Work Telephone

\_\_\_\_\_  
E-mail Address

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

A.

\_\_\_\_\_  
Name of Employer/ School

\_\_\_\_\_  
Address (street, city, zip)

\_\_\_\_\_  
Telephone

B.

\_\_\_\_\_  
Name of Employer/ School

\_\_\_\_\_  
Address (street, city, zip)

\_\_\_\_\_  
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	_____	_____

#### V. 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:
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