

**PARENT MUST COMPLETE**

Sibling currently in program

Additional Sibling on Waiting List

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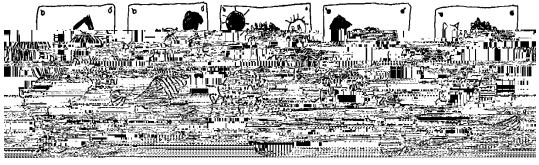
Currently enrolled in SCUSD Fee-Based Child Care Program

Previously enrolled in SCUSD Fee-Based Child Care Program

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NAME OF CENTER \_\_\_\_\_

**SCUSD Child Development Department**  
 Fee-Based Office  
 5735 47<sup>th</sup> Avenue, Box # 715  
 Sacramento, CA 95824  
 916-643-7814 or 916 - 643-7815



**FOR OFFICE USE ONLY**

DATE REC'D: \_\_\_\_\_

DATE ENTERED ON LIST: \_\_\_\_\_

DATE REMOVED: \_\_\_\_\_

REASON: \_\_\_\_\_

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**K - 6<sup>th</sup> GRADE FEE-BASED PROGRAMS**

PLEASE CHECK SITE:

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Do you have a waiting list form currently on file for another Center listed above? If so, which site: \_\_\_\_\_

Who will be paying the child care fees?  Parent/Guardian  Child Action  Cal Works  OTHER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ SCHOOL YEAR: 20\_\_ - 20\_\_

PARENT ¶

TENTATIVE SCHOOL DAY SCHEDULE: (Anticipated care needed. Actual hours may be adjusted when care is contracted)

	A.M. ARRIVE		P.M. DEPART		TOTAL HOURS		CLASS TIME		TOTAL HOURS AT CENTER
Mon.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Tues.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Wed.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Thurs.	____:____	to	____:____	=	_____hrs	-	_____	=	_____
Fri.	____:____	to	____:____	=	_____hrs	-	_____	=	_____

**CARE NEEDED:**  SCHOOL YEAR ONLY  SCHOOL YEAR & SUMMER  SUMMER CARE ONLY