

Waiting Pool Application

Grossmont College Child Development Center
8800 Grossmont College Drive
El Cajon, CA 92020
(619) 644-7715

CHILD (List the child **who WILL BE coming** to this Center.)

NAME: _____ **BIRTHDAY:** _____

PARENT A (Please list Grossmont College affiliated parent first.)

SINGLE PARENT (Check box)

NAME: _____
First Middle Initial Last

ADDRESS: _____ **CITY/ZIP:** _____

PHONE NUMBERS: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

PARENT B

NAME: _____
First Middle Initial Last

ADDRESS (if different from child's address) _____ **CITY/ZIP:** _____

PHONE NUMBERS: (Home) _____ (Work) _____ (Cell) _____

List all children under the age of 18 living in the household:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

CHECK ALL THOSE THAT APPLY:

Affiliated Status

Sibling to Enrolled Child _____

Grossmont College Student _____

Grossmont College Faculty/Staff Dept.: _____

I am a Grossmont College student/faculty or staff and I would like to be considered for the funding program. To be considered for the funding program, please provide the following information:

TOTAL GROSS MONTHLY INCOME _____ **NUMBER OF MEMBERS IN THE FAMILY** _____

Please notify us if your email, address or phone changes to ensure we are able to contact you regarding your status. You may contact us with changes at (619) 644-7715.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Priority: _____ Enrollment Date: _____

Comments or Calls Made

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____

Date: _____ : _____