

PARENT MUST COMPLETE

- Sibling currently in program
- Additional Sibling on Waiting List

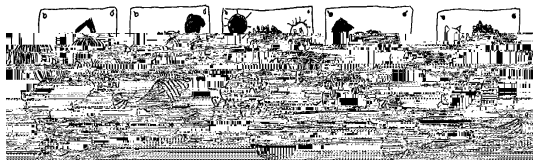
6, % /, 1 * ¶ 6 1 \$ 0 (*

- Currently enrolled in SCUSD Fee-Based Child Care Program
- Previously enrolled in SCUSD Fee-Based Child Care Program

NAME OF CENTER _____

SCUSD Child Development Department

Fee-Based Office
 5735 47th 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: _____

**& + , / ' 5 (1 ¶ 6 & (1 7 (5 : \$, 7 , 1 * / , 6 7 \$ 3 3 / , & \$ 7 , 2 1
 K - 6th GRADE FEE-BASED PROGRAMS**

PLEASE CHECK SITE:

Leonardo da Vinci Chi O G U H Q ¶ V & ¶ W L Q / X W K H U . L Q J & K L O C D U H V O ¶ V D & ¶ K L O G U ¶ I Q ¶ R G S R U H - X G D K & K L O G U

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