



Application Form

Child's Name: _____ Child's Sex: _____ (M/F) Birth Date: _____ Age _____

Street Address: _____ Home phone: _____

City: _____ Zip: _____

Parent/Guardian Name: _____ CIN#: _____

Cell phone: _____ Work phone _____

E-Mail: _____

Check one: Cal State L.A. Student Cal State L.A. Faculty Cal State L.A. Staff Community

Parent/Guardian Name: _____ CIN#: _____

Cell phone: _____ Work phone _____

E-Mail: _____

Check one: Cal State L.A. Student Cal State L.A. Faculty Cal State L.A. Staff Community

Hours of Enrollment: (Please fill in appropriate days/hours requested)

Monday

Tuesday

Wednesday

Thursday

Friday

FROM _____

TO _____

Subsidized Funding Program

(See reverse side for family income eligibility)

Funding is based on need (school, work or both). Applying for subsidized funding program?: _____ (yes/no).

If applying for any subsidized program, please attach proof of income for two consecutive months (ie. paystubs, Calworks, Calfresh, unemployment, disability, financial aid academic summary, child support, etc.), current federal income tax to application.

Gross Monthly Family Income \$ _____

Total Number in Family: _____ (Children & Adults)

Signature of Parent or Guardian: _____ Date _____

