

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

PORTERVILLE COLLEGE  
CHILD CARE APPLICATION

TIME: \_\_\_\_\_

FALL \_\_\_\_\_

SPRING \_\_\_\_\_

SUMMER \_\_\_\_\_

To add your child's name to the Eligibility List, complete this application and return it to the Child Development Center along with the needed documentation. Call the office at (559) 791-2272 or (559) 791-2420 to update if you have any changes (i.e. income, family size, address or phone number). You will be contacted when an opening becomes available and you're next on the Eligibility List.

Mother/Guardian's Name \_\_\_\_\_ Living with child(ren)? Yes \_\_\_ No \_\_\_

Father/Guardian's Name \_\_\_\_\_ Living with child(ren)? Yes \_\_\_ No \_\_\_

Physical Address and Telephone Number of Parent/Guardian Living with child:

Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Message Phone( ) \_\_\_\_\_  
Number of people in the home: \_\_\_\_\_

List ALL Children in the Family	✓ for child needing care	Date of Birth	Age	Special Needs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MOTHER'S INFORMATION**  
(Only if living with child)

**FATHER'S INFORMATION**  
(Only if living with child)

I.D. # @ \_\_\_\_\_

Please check all that apply:

Student \_\_\_\_\_ Full Time\_\_ Part Time\_\_  
Working \_\_\_\_\_ Full Time\_\_ Part Time\_\_  
Homeless \_\_\_\_\_  
Seeking Employment \_\_\_\_\_  
Medically Incapacitated \_\_\_\_\_

**EMPLOYMENT**

Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Days/Hours \_\_\_\_\_

**PRESENTLY IN SCHOOL:**

Name of School \_\_\_\_\_  
Vocational Goal \_\_\_\_\_  
Anticipated Completion Date \_\_\_\_\_

**GROSS MONTHLY INCOME:** Please fill in the dollar amount for all that apply:

Gross monthly income from employment \$ \_\_\_\_\_  
Cal Works/TANF \$ \_\_\_\_\_  
SSI or State Disability \$ \_\_\_\_\_  
Child Support Received \$ \_\_\_\_\_  
Child Support Paid Out \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
Workman's Comp \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

I.D.# @ \_\_\_\_\_

Please check all that apply:

Student \_\_\_\_\_ Full Time\_\_ Part Time\_\_  
Working \_\_\_\_\_ Full Time\_\_ Part Time\_\_  
Homeless \_\_\_\_\_  
Seeking Employment \_\_\_\_\_  
Medically Incapacitated \_\_\_\_\_

**EMPLOYMENT**

Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Days/Hours \_\_\_\_\_

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Workman's Comp \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_