

Early Childhood Care & Education Services
University of California
Santa Barbara, CA 93106

APPLICATION FOR ADMISSION

To secure placement for your child please complete and return this application from with a \$50.00 registration fee per child (minus the wait list fee) to the Center. The registration fee is *non-refundable*. Checks should be made payable to **UC Regents**.

Date of Application _____

Child's Name: _____ Birthdate: _____

Parent 1 Name: _____ Parent 2 Name: _____

Child's Primary Residence: Both Parents Parent 1 Parent 2

Home Address: _____

Home Telephone: _____

E-mail address(es) to be used for classroom and Center listserv :

Language spoken at home: _____

Would you like translation assistance for parent-teacher conferences? Yes No

Will you be applying for financial assistance? Yes No

Children and Relatives living at home:

To assist the staff in meeting your child's individual needs, check box(es) below which apply to your child:

- | | |
|--|-------------------------|
| <input type="checkbox"/> Health concern | Briefly describe: _____ |
| <input type="checkbox"/> Physical disability | _____ |
| <input type="checkbox"/> Developmental delay | _____ |
| <input type="checkbox"/> Current IFSP/IEP | _____ |
| <input type="checkbox"/> Custody issues | _____ |
| <input type="checkbox"/> Other _____ | |

Status with UCSB (select one)

Mother:
Grad. Student-Perm# _____
Undergrad.-Perm# _____
Staff-Dept. Ext. _____
Faculty-Dept. Ext _____

Father:
Grad Student-Perm# _____
Undergrad-Perm# _____
Staff-Dept. Ext. _____
Faculty-Dept. Ext. _____