

**PLEASE NOTE: Parents who apply for this CDE program do not need to pay the UC waitlist fee.**

UNIVERSITY OF CALIFORNIA, SANTA BARBARA ORFALEA FAMILY CHILDREN'S CENTER  
**Application for CDE Child Development Services**

Preferred date of enrollment for **CDE Child Development Services:** \_\_\_\_\_ (Month/Year)

**NAME(S) Parent(s) or Guardian:**

Student /Staff \_\_\_\_\_ Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_  
Community

2nd Parent / \_\_\_\_\_ Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_  
Guardian

Address \_\_\_\_\_  
ZIPCODE

**EMAIL ADDRESS: Parent 1).** \_\_\_\_\_ **Parent 2).** \_\_\_\_\_

**Child(ren)'s Name(s) and Birthdate(s) for whom you are applying:**

_____ LAST	_____ FIRST	_____ BOY/ GIRL	_____ BIRTHDATE /ETHNIC SELF-IDENTIFICATION * (OPTIONAL)
_____ LAST	_____ FIRST	_____ BOY/ GIRL	_____ BIRTHDATE/ ETHNIC SELF-IDENTIFICATION * (OPTIONAL)
_____ LAST	_____ FIRST	_____ BOY/ GIRL	_____ BIRTHDATE/ ETHNIC SELF-IDENTIFICATION * (OPTIONAL)

**OTHER FAMILY MEMBERS:** \_\_\_\_\_ **Total Number in Family** \_\_\_\_\_

**1<sup>ST</sup> PARENT STATUS:** \_\_\_ UCSB \_\_\_ SBCC \_\_\_ Other

\_\_\_\_ Undergrad \_\_\_\_\_ Graduate  
\_\_\_\_ # units enrolled \_\_\_\_\_  
Department Degree  
Perm #: \_\_\_\_\_ S.S.# \_\_\_\_\_

\_\_\_\_ Filing Fee

GSI / GSR (circle) \_\_\_\_\_ % of time \_\_\_\_\_

\_\_\_\_ Workstudy \_\_\_\_\_ #hrs / wk

Other employment \_\_\_\_\_ #hrs / wk. \_\_\_\_\_

Unpaid Internship \_\_\_\_\_

**2nd PARENT STATUS:** \_\_\_ UCSB \_\_\_ SBCC \_\_\_ Other

\_\_\_\_ Undergrad \_\_\_\_\_ Graduate  
\_\_\_\_ # units enrolled \_\_\_\_\_  
Department Degree  
Perm #: \_\_\_\_\_ S.S.# \_\_\_\_\_

\_\_\_\_ Filing Fee

GSI / GSR (circle) \_\_\_\_\_ % of time \_\_\_\_\_

\_\_\_\_ Workstudy \_\_\_\_\_ # hrs / wk

Unpaid Internship \_\_\_\_\_

Student at another campus \_\_\_\_\_  
WHERE # UNITS

\_\_\_\_ Employed \_\_\_\_\_  
WHERE #HRS/WK

\_\_\_\_ Seeking Employment