

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 LAST FIRST

2nd Parent / _____ Home Phone _____ Day Phone _____
Guardian LAST FIRST

Address _____
STREET CITY ZIPCODE

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 _____

STUDENT 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