

-FULLY AND PARTIALLY SUBSIDIZED WAITLIST RANKING FORM

***** Attention Waitlist Parents: Please complete one waitlist form for each child needing care *****

Telephone: 714-432-5569

Fax: 714-432-5961

******PLEASE PRINT LEGIBLY******

Child's Name _____ Birth date _____ / _____ / _____
Month Day Year

Child's Address _____
Address City State Zip Code

Are there any special needs issues with your child that we need to be aware of? Yes _____ No _____
 If yes, please explain: _____

Please complete the following section to include information on each parent that lives in the same household as a family unit (related by blood, marriage, or common law).

Primary OCC Student Parent

Other Parent/Guardian

(IF COUNTED IN FAMILY SIZE)

Name _____

Name _____

Address _____

Address _____

Home Phone () _____

Home Phone () _____

Work Phone () _____

Work Phone () _____

Back Up Phone () _____

Back Up Phone () _____

attending OCC?

attending OCC?

attending another college?

attending another college?

Name of college: _____

Name of college: _____

working

working

E-Mail Address _____

E-Mail Address _____

REQUESTING CARE FOR:

REQUESTING CARE FOR:

_____ School _____ # of units

_____ School _____ # of units

_____ Work _____ # of hours per week

_____ Work _____ # of hours per week

FAMILY SIZE: _____

REQUESTED CHILDCARE SCHEDULE (check days that apply):

MON	TUES	WED	THURS	FRI

****** INFORMATION BELOW IS FOR OFFICE USE ONLY ******

SIBLING: Yes___ No___ AGE: _____ 1 of _____ E-List Child ID# _____	RANK# _____ Date received: _____ & by: _____ E-List Family ID# _____ E-List Input Date _____ Input by _____	SEMESTER REQUESTED: _____ DATE/SEMESTER ENROLLED: _____ NOTES:
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HARRY AND GRACE STEELE CHILDREN'S CENTER
ORANGE COAST COLLEGE

INCOME VERIFICATION INFORMATION:

As required by the California State Department of Education, Early Education and Support Division (EESD), (our funding source) we are required to have accurate *family income verification from all sources*. Please review the Sources of Income chart below. Please include **current income** verification from all sources that apply to your family. Income sources should be no more than ONE month old.

We will not be able to accept your registration packet without current income verification.

SOURCES OF INCOME (Please check all that apply)	YES	NO
Wages, Salary or Work Study – <u>Weekly</u> = 4 current pay stubs, <u>Monthly</u> = 1 current pay stub <u>Every two weeks or twice per month</u> = 2 current pay stubs		
Social Security		
Pensions and Annuities		
Unemployment Compensation/Disability Insurance		
Worker's Compensation Insurance		
Alimony		
Child Support		
Veteran's Pension		
Cash or other assistance under Title IV of Social Security Act (CAL-WORKS)		
Child Support Payments (Documentation Required)		
Fraud Statement (If parent is claiming zero income, must complete statement as to how they are supporting themselves and their child(ren))		
OTHER DOCUMENTATION REQUIRED FOR WAITLIST		
Class Printout (current)		
Current immunization record **Immunizations must be up to date in accordance to California State Law prior to child being placed on our waitlist and/or enrolled in this program		
OTHER:		

Families are required to provide an updated class schedule to the Children's Center within the first 3 weeks of each new semester in order to maintain student priority status on our waitlist.