

ORANGE COAST COLLEGE
HARRY AND GRACE STEELE CHILDREN'S CENTER
FULL COST CHILDCARE WAIT LIST FORM

Telephone: 714-432-5569

Fax: 714-432-5961

******Attention Wait list Parents: Please complete one wait list form for each child******

In order to be placed on our wait list you must submit your child's immunization records and a \$30 non-refundable fee with this application (check only).

****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****

Child's Name: _____ Birthdate: _____ / _____ / _____
Month Day Year

Parent's Name: _____ Email Address: _____

Family Address: _____
Address City State Zip Code

Home Phone: _____ Work Phone: _____

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

REQUESTED CHILDCARE SCHEDULE

MON	TUES	WED	THURS	FRI

Date Needing Care: _____	Status: (circle one) Student ID # _____ Faculty/Staff Community	Center Alumni: Yes No
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FULL COST FEE SCHEDULE
(effective July 1, 2016)

<u>CLASSROOM (Age range)</u>	<u>DAILY RATE</u>	<u>STUDENT RATE</u>
<u>INFANT CLASSROOM</u> (6 -17 months)	\$80.00	\$70.00
<u>TODDLER & YOUNG PRESCHOOL CLASSROOMS</u> (18 months to 2.11 years)	\$66.00	\$57.00
<u>PRESCHOOL CLASSROOMS</u> (3 to 5 years)	\$52.00	\$45.00

Please Note: Daily rates are based on adult to child ratios per classroom. Child age ranges for classrooms are approximate, based on classroom availability.

******INITIALLY, AND EVERY FALL THEREAFTER, FAMILY REGISTRATION FEE \$125.00******

***** ADDITIONAL \$75.00 PER ADDITIONAL CHILD*****

If you have any questions, or need more information, please call (714) 432-5569

******OFFICE USE ONLY******

WAITLIST STATUS:	Date Received _____	SIBLING:	SEMESTER REQUESTED:
_____ Student	Wait list fee received Yes No N/A	Yes No	
_____ Faculty/Staff	Received by _____	SIBLING NAME:	DATE/SEMESTER ENROLLED:
_____ Community	E-List Family ID# _____	E-List Child ID# _____	
	E-List Input Date _____ Input by _____		