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**

Name__________________________

Address___________________________________________________________

Home Phone ( )____________________

Work Phone ( )____________________

Back Up Phone ( )____________________

☐ attending OCC?

☐ attending another college?

Name of college:___________________

☐ working

E-Mail Address_____________________

REQUESTING CARE FOR:

_____ School _____# of units

_____ Work _____# of hours per week

**Other Parent/Guardian**

(IF COUNTED IN FAMILY SIZE)

Name__________________________

Address___________________________________________________________

Home Phone ( )____________________

Work Phone ( )____________________

Back Up Phone ( )____________________

☐ attending OCC?

☐ attending another college?

Name of college:___________________

☐ working

E-Mail Address_____________________

REQUESTING CARE FOR:

_____ School _____# of units

_____ Work _____# of hours per week

FAMILY SIZE: _______

REQUESTED CHILDCARE SCHEDULE (check days that apply):

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
</tr>
</thead>
</table>

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

SIBLING:

Yes__ No__

AGE: ____ 1 of ____

RANK#_______

Date received:__________ & by:__________

Input date ___________ Input by__________

Input Class (circle): I T YP PS 1/2 PS 3/4

Child’s Age: ________

As of:

FALL: ________ INTER: ________

SPRING: ________ SUMMER: ________

SEMESTER REQUESTED: ________
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.

<table>
<thead>
<tr>
<th>SOURCES OF INCOME (Please check all that apply)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Salary or Work Study – Weekly =4 current pay stubs, Monthly =1 current pay stub Every two weeks or twice per month = 2 current pay stubs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions and Annuities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation/Disability Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Pension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash or other assistance under Title IV of Social Security Act (CAL-WORKS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Payments (Documentation Required)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraud Statement (If parent is claiming zero income, must complete statement as to how they are supporting themselves and their child(ren))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER DOCUMENTATION REQUIRED FOR WAITLIST**

Class Printout (current)

**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.