Solano Community College Early Learning Center

Application for Services

Do not write in this space: Rank: ____
Age on Dec. 1, 20_____ ____ ____

Today's Date: _____

Child's Data: Birth Date: _____/_____/_____ ☐ M ☐ F

Yes ☐ No ☐ Does your child speak English as a 2nd Language? 1st Language: _____

Name: _____ _____
last first

Yes ☐ No ☐ Does your child have special needs? Explain: _____

Parent's Data: ☐ Mom ☐ Dad ☐ Guardian Primary Phone: (_____) _____-_____

Name: _____ _____ Secondary Phone:(_____) _____-_____
Last First

Address: _____ Student/Staff ID#: _____
Street

_____, CA _____
City Zip

Yes ☐ No ☐ Are you currently a Solano College Student? Staff ☐
If not, will you enroll in the future? Semester: _____

Sibling(s) on our Wait List Birth Date(s)

I am applying for: ☐ Non-subsidized *(full cost)*
☐ Subsidized *(Depending on income, some or all of child care costs may be covered.)*

For subsidized care please fill this out: Number of children ____ & number of adults ____ in family.

First Parent's gross income: $_____ per ☐ mo. ☐ yr. Second Parent's gross income (if living in the home): $_____ per ☐ mo. ☐ yr.

Is any of the above CalWORKS income? If yes amount $_____ Is any of the above Social Security Income? If yes amount:$_____

Revised 3/21