

**CAL POLY POMONA UNIVERSITY CHILDREN'S CENTER
REGISTRATION APPLICATION**

Child's Name: _____ **Birth Date:** _____ **Years:** _____ **Months:** _____

Child's Gender: Female Male **Total Number in Family:** _____ (*Children and Adults*)

Single Married Legal Guardian Living with both parents Living with Mother Living with Father

Parent/Guardian Name: _____ **Gender:** Female Male

Home Phone: _____ Contact Number: _____ Ethnicity: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Family Gross Income from all Sources: \$ _____

Parent Status: Student Major Field of Study _____ Anticipated Date of Graduation _____
 Staff Faculty Community

Parent/Guardian Name: _____ **Gender:** Female Male

Home Phone: _____ Contact Number: _____ Ethnicity: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Family Gross Income from all Sources: \$ _____

Parent Status: Student Major Field of Study _____ Anticipated Date of Graduation _____
 Staff Faculty Community

Hours of Enrollment: (*Please fill appropriate days/ hours requested*)

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Child's Ethnicity (Check all that apply):

- | | | | |
|--|--------------------------|--------------------------------|--------------------------|
| American Indian or Alaskan Native | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> |
| Black (not of Hispanic origin) | <input type="checkbox"/> | Pacific Islander | <input type="checkbox"/> |
| Hispanic or Latino | <input type="checkbox"/> | White (not of Hispanic Origin) | <input type="checkbox"/> |
| Filipino | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Japanese | <input type="checkbox"/> | Korean | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Southeast Asia | <input type="checkbox"/> |
| Declined to State (Decline to mark code) | <input type="checkbox"/> | | |

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

Name	Relationship to Child

Signature of Parent or Guardian: _____ **Date:** _____

How did you know about us?

- Cal Poly Pomona Website NAEYC Website Newspaper Yellow Pages
 Flyer Word of Mouth Other: _____

For Office Use Only: **Primary Classroom:** _____ **Extended Care Room:** _____

Date Received: _____ **Phone Messages:** _____

Quarter needed: _____ **Comment:** _____ **Staff Initials:** _____

Date of Admission: _____ **Date when Family Terminated:** _____