

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: _____

Yes No last first

Does your child have special needs? Explain: _____

Parent's Data: Mom Dad Guardian

Primary Phone: (____) ____-____

Name: _____
Last First

Secondary Phone: (____) ____-____

Address: _____
Street

Student/Staff ID#: _____

Yes No City Zip
 _____, CA _____

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

Are you currently a Solano College Student? Staff
If not, will you enroll in the future? Semester: _____

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: \$_____

Rv 3/21

Instructions:

To use the submit button you will need to install Adobe Reader.

After installation is complete, download this document and open it in Adobe Reader.

Once open, fill out the document and press submit.

If an email prompt does not generate after pressing submit, please save the document and email to Jotinder.Takhar@solano.edu

If you do not have access to Adobe Reader, you can print out this page, complete the application by hand and return it as an attachment to the email listed above.