

**Orfalea Family & ASI Children's Center, Cal Poly, San Luis Obispo, CA 93407  
(805) 756-1267  
Enrollment Pool Application**

*Please read attached policy information before completing this application. Please fill out one form for each child. Incomplete applications will not be accepted. There is a non-refundable \$5.00 application fee for each application submitted. Make checks payable to ASI Children's Center. Cal Poly Students are exempt from the application fee.*

**Section I. Child Information**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Birthday</b>

**Section II. Parent/Guardian (1) Information**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Empl ID #</b>

Circle the category that applies to your status:      **Major or Faculty Department**

Student      ASI Staff      Staff      Faculty      Alumni     

**Section III. Parent/Guardian (2) Information**.....*Complete the following if the second parent is in the household*

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Empl ID #</b>

Circle the category that applies to your status:      **Major or Faculty Department**

Student      ASI Staff      Staff      Faculty      Alumni      Community     

**SECTION IV.**

<b>Street and Apartment Number</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>Telephone Home</b>	<b>Daytime Phone Parent 1</b>	<b>Daytime Phone Parent 2</b>
( ) -	( ) -	( ) -

<b>Additional children under age 6, residing in home</b>	
<b>Name</b>	<b>Birthday</b>

**Child's Ethnicity**  
(optional):  
Please enter code from reverse side

**Please list special needs of child:**

\_\_\_\_\_

.....  
**SECTION V. STUDENT INFORMATION-** Cal Poly Student Parents should complete this section.

**Applicants who qualify for subsidized childcare services will be asked to complete a detailed application to determine eligibility before enrollment. Verification of ALL information is required at time of application.**

- A. Qualifications for Eligibility: (circle all that apply)** [At least one parent must be a Cal Poly Student to qualify]
- Parent/Guardian No. 1:      student in training      employed/low income      disabled      seeking work
- Parent/Guardian No. 2:      student in training      employed/low income      disabled      seeking work
- B. Total Gross Monthly Family Income (before taxes):**      \$ \_\_\_\_\_
- C. Total # in Household (adults & children):**      \_\_\_\_\_
- D. Are you receiving or eligible for a Pell Grant ?**      Yes      No
- .....

**Notice:** This application is only part of the admission process and does not guarantee your child a space in the program. The wait can be over a year. It is the responsibility of the parents/guardians to renew this form every year and notify the Center of changes in status, address, and phone number or face the possibility of being dropped from the waiting list. For more information call the ASI Children Center at (805)756-1267. The information you are providing on this form is needed to obtain statistics and to administer the University's child care and development program pursuant to Education Code Sections 8225 and 89400. Disclosure of personally identifiable information will be limited to those persons or agencies who need the information for programmatic purposes. Statistical information will be generated for reporting purposes and will not identify any persons by name. Any published information shall be anonymous in the form of aggregate level information.

**I certify that the above is true and accurate and I have read and understand the Center's Enrollment Pool Application Policies.**

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	<b>ID #</b>	<b>App. Received</b>	<b>Fee Paid</b> cash check waived	<b>Status Verified</b>

