CITY OF DAVIS COMMUNITY SERVICES
UCD CHILD CARE SUBSIDY PROGRAM 2009-2010 ACADEMIC YEAR

600 A Street Suite C, Davis, CA 95616 Phone (530) 757 - 5695 Fax (530) 750 - 2742

FAMILY INFORMATION

Home Phone _(_____)_____

Adult 1 Name _____ Work Phone _(_____)_____

Adult 2 Name _____ UCD Email: _____
(Required)

Address _____ Single Parent/ Guardian Family: ☐

2 Parent household ☐

City _____ Zip Code _____ Other (additional documentation may be required) ☐

Child's Name	Birth date	Age	Enrolled in On Campus Centers?	Grade in school	Need Subsidy
			Russell /La Rue Park CDC ☐ Hutchison CDC ☐ Lab School @ CCFS* ☐		☐
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*If you are enrolled at the Lab School @ CCFS, do you plan to use a second provider? Yes ☐ No ☐

TOTAL # OF HOUSEHOLD MEMBERS ___ NUMBER OF CHILDREN NEEDING THE SUBSIDY ___

STUDENT STATUS/EMPLOYMENT

ADULT 1: School Attending _____ Student ID # _____

Undergraduate ☐ Pell Grant Recipient? Yes ☐ No ☐ Graduate ☐ Law ☐ Vet ☐ Med ☐ Mgt ☐ No. of units ____

Employer: _____ Hours/wk _____

ADULT 2: School Attending _____ Student ID # _____

Undergraduate ☐ Pell Grant Recipient? Yes ☐ No ☐ Graduate ☐ Law ☐ Vet ☐ Med ☐ Mgt ☐ No. of units ____

Employer: _____ Hours/wk _____

GROSS MONTHLY INCOME	**ADULT 1**	**ADULT 2**
Financial Aid (excluding loans) (Attach Financial Aid letter if available)	$ _____	$ _____
Wages/Salary	$ _____	$ _____
TANF/Public Assistance	$ _____	$ _____
Child Support/Alimony	$ _____	$ _____
Other (relatives, veteran's benefits, Social Security foster care, annuity…)	$ _____	$ _____
TOTAL	$ _____	$ _____

UCD STUDENT SIGNATURE _____ DATE _____

Students who receive the UCD Child Care Subsidy will have their information shared with the UCD Financial Aid offices. This may affect the child care assistance you receive from Financial Aid