



ECCDC Entry Form

Child's Name _____ Birthdate _____ Gender: M / F
Last Middle Initial First

Care needed: Days & Time? M _____ T _____ W _____ Th _____ F _____

Center Preference: Clothier (Lincoln & Fig) Boyce (9th & Tulip) No preference

Does your child have a special need? No Yes IEP/IFSP/Therapy/Services Other: _____

Race (Check One): American Indian or Alaskan Native Ethnicity (Check One):
 Black or African American Caucasian Hispanic or Latino Non-Hispanic or Latino
 Asian Native Hawaiian or Pacific Islander Primary Language: _____ Other: _____

Any known allergies/medicine? No Yes _____

Parent/Guardian A Name: _____ Relationship: _____ Lives with Child? No Yes

Home Address _____ City _____ Zip _____

Phone Number: Cell (____) _____ - _____ Home (____) _____ - _____ Email: _____
Number Street

Race (Check One): American Indian or Alaskan Native Ethnicity (Check One):
 Black or African American Caucasian Hispanic or Latino Non-Hispanic or Latino
 Asian Native Hawaiian or Pacific Islander Primary Language: _____ Other: _____

Parent/Guardian B Name: _____ Relationship: _____ Lives with Child? No Yes

Home Address _____ City _____ Zip _____

Phone Number: Cell: (____) _____ - _____ Home (____) _____ - _____ Email: _____
Number Street

Race (Check One): American Indian or Alaskan Native Ethnicity (Check One):
 Black or African American Caucasian Hispanic or Latino Non-Hispanic or Latino
 Asian Native Hawaiian or Pacific Islander Primary Language: _____ Other: _____

List all immediate family members (under 18 years of age) living in the home:

Name: _____ DOB: _____ Relation to Child: _____

Name: _____ DOB: _____ Relation to Child: _____

Name: _____ DOB: _____ Relation to Child: _____

Name: _____ DOB: _____ Relation to Child: _____

Family size (living in the home): _____ How did you hear about ECCDC? _____

Income Type	Parent A	Parent B
Monthly (Gross)		
Child Support		
Government Aid		
Other Income		
Total Monthly Income		

**It is the Parent's/Guardian's responsibility update any information on this form.
Parents/Guardians applying for State-Funded childcare services will be required to show
documentation of family size, family income, and need for service.**

ECCDC will contact you when this child is eligible to enroll based on ranking system and center availability.

Return to ECCDC:830 E. Grand Ave. Escondido, CA 92025 Phone: 760-839-9361 Fax: 760-745-8567

Signature of Parent/Guardian _____ Date _____

