ECCDC Entry Form

Child's Name _____ Birthdate_____ Gender: M / F

<div>Last   Middle Initial   First</div>

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_____

<div>Number   Street</div>

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

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_____

<div>Number   Street</div>

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

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: _____

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

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:300 W. Grand Ave Ste 302 Escondido, CA 92025 Phone: 760-839-9361   Fax: 760-745-8567

Signature of Parent/Guardian _____   Date _____

Investing in our Community….One Family at a Time.

Escondido Community Child Development Center 300 W. Grand Ave Ste 302 Escondido, CA 92025

www.eccdc.com   (760) 839-9361   Fax: (760) 745-8567

Parent Contact Log

Date	Description of Contact	Initials

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