



ASSOCIATED STUDENTS, INC.

ASI CSUDH Child Development Center
1000 E. Victoria St., Carson, CA 90747 ♦ Ph: 310-243-1015 ♦ Fax: 310-928-7273
asicdc@csudh.edu ♦ www.asicsudhchilddevelopmentcenter.com

Full Cost Application

Child Information

Full Name:

Last

First

MI

Address:

Street Address

Apartment/Unit #

City

State

Zip Code

Child's Ethnicity: White Black/African American Hispanic/Latino Asian
 American Indian/Alaska Native American/Pacific Islander Other

Child's Sex: Male Female Other Birthdate: _____
Month Day Year

Does your child have an: IEP IFSP N/A

Projected Semester of Enrollment: _____ Projected Hours of Care: _____

Parent Information

Status: Student Faculty/Staff Alumni Community Member

Applicant Parent's Name: _____

Applicant Parent's Phone Number: _____

Applicant Parent's Email Address: _____

Second Parent (If in the same household)

Second Parent's Name: _____

Second Parent's Phone Number: _____

Signature _____

Date _____