

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

Pre – Enrollment Packet

Child	's Name: Parent Name:
availo	ome to ASI CSUDH Child Development Center. To enroll your child, please have able and completed by your appointment date, the documents and information ated below:
	 Need Verification: If working – Please complete the top portion of the Employee Verification form and forward it to your employer. If CSUDH Employee – please provide a copy of Employee ID If in school/training – Please complete the top portion of the Training Verification form and attach a copy of the following:
	Proof of income – one full month's worth of check stubs for each employed
	parent/guardian
	Verification of TANF or other cash assistance award letter or copy of check; if applicable.
	Emergency Forms:
	 Four local people we can contact in an emergency – full names, complete addresses, and current working phone numbers.
	Physician's Report
	Immunization records for child being enrolled and current TB test.
	Health History
	An IEP/IFSP or doctor's certification if your child has a special medical need; if applicable.
	Court documentation regarding custody; if applicable.
	Verification of Residency – CA ID, CA Driver's License, Current Utility Bill, Rent Receipt, Lease Agreement, etc.
	Birth Certificate or Baptism Record of <u>ALL</u> children under 18 years of age in the home.
	Meal Accommodation Form; if applicable.

When you have completed this packet, you will be contacted to arrange an orientation appointment with the Assistant Director. At this meeting you will review the paperwork and will have an opportunity to ask questions and receive information about the center.