

Butte College Child Development Center
Waitlist Form

To properly prioritize your waitlist form please mark all the boxes that apply to your family and provide your family size and household monthly gross income.

Mark all that apply

- Child/ren listed on waitlist form is **recipient of child protective services**
- Parent/Guardian is a **current aid recipient (Cash-aid)**
- Experiencing **homelessness**
- Member of the household, counted in family size, is certified to receive benefits from one of the following means-tested government programs: (**Medi-Cal, CalFresh, WIC, CA Food Assistance Program, CalWORKs, or any other designated means-tested government program**).
- Child listed on waitlist form has exceptional needs, has an **IFSP or IEP**
- Child listed on waitlist form has, **home language other than English**
- Parent/Guardian is a **Butte College Student**
- Parent/Guardian is a Pell Grant Recipient

Fill In

Household Family Size: _____ **Monthly Household Gross Income:** _____

Date Submitted: _____

Thank you for your interest in our Center and taking the time to complete this form. Once completed you may **email your waitlist form to cancellani@butte.edu** or drop it off at the Center.

Office Use Section

Priority:

Rank:

Date:

Notes: