



CONTRA COSTA COLLEGE EARLY LEARNING CENTER  
 2600 Mission Bell Drive, San Pablo, CA 94806  
 Phone: (510) 215-4885 <http://www.contracosta.edu/elc/>

Application for the Early Learning Center 2025-2026 school year (July 1 to June 30)

Today's Date \_\_\_\_\_ and Time: \_\_\_\_\_

Section I: Child Data		
Child's Legal Last Name:		Child's First Name:
Birth Date:	Does your child speak English as a second language? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, what other language is spoken?	Child's Ethnicity:

Section II: Family Data			
Name of Parent / Guardian who is completing the application	Primary Phone	Secondary Phone	Email Address
Street Address:	City:	Zip:	Does another parent/guardian live at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is a parent a Contra Costa College Student? Or a CCC Employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Classified <input type="checkbox"/> No <input type="checkbox"/> Faculty <input type="checkbox"/> Student    # of units _____	<b>I am applying for:</b> <input type="checkbox"/> Non-Subsidized (full cost) <input type="checkbox"/> Subsidized (Depending on income, some or all of childcare costs may be covered.)		<b>Do any of the following apply to you?</b> <input type="checkbox"/> Receive Cash Aid or Child Care Subsidy <input type="checkbox"/> Are experiencing Housing Insecurity <input type="checkbox"/> Child has Exceptional Needs <input type="checkbox"/> Child is At Risk/ CPS is involved

**SUBSIDIZED APPLICANTS ONLY: please fill this out:** Number of children \_\_\_\_ and number of adults (who are parents or have guardianship) \_\_\_\_ in family.

First Parent's Gross income: \$ \_\_\_\_\_ per  mo.  yr.

Second Parent's gross income (if living in the home): \$ \_\_\_\_\_ per  mo.  Yr.

Is any of the above Social Security Income? If yes amount: \$ \_\_\_\_\_

- Subsidized families will have a Schedule and Fee based on the determined Need and Tuition based on income level \*A copy of the current income ranking chart, to check for income eligibility for subsidy, can be shared upon request

Section III: FULL COST APPLICANTS ONLY – age and schedule of the child
<b>FT Hours: Mon-Fri 7:30 AM – 6:00 PM</b>
<input type="checkbox"/> Preschool: \$1500 <input type="checkbox"/> Infant or Toddler: \$1900 <ul style="list-style-type: none"> <li>• Annual \$100 registration fee required</li> <li>• Prices above are for the full tuition amount and are collected monthly, due by the 15<sup>th</sup> of every month</li> </ul>

**OFFICE USE ONLY:** PRIORITY RANK: \_\_\_\_\_ INCOME RANK: \_\_\_\_\_

NOTES (i.e. classroom preference):