



Mt. San Antonio College
Child Development Center and Laboratory School

PERSONAL AND FAMILY INFORMATION

Please Print

Child's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthdate:		Family Telephone #:	
Address:		City	State
County of this address:		Zip	

★Note: If a parent is absent from the family home, please leave secondary area blank.

Name: Parent/Legal Guardian	Student ID No.:	Birthdate:	Cell Phone Number:
Name: Parent/Legal Guardian	Student ID No.:	Birthdate:	Cell Phone Number:

Additional Family Information: Please record all additional children who live in the home.

Child's Name:	Birthdate:
Child's Name:	Birthdate:
Child's Name:	Birthdate:
Child's Name:	Birthdate:

Employer Information:

Parent/Legal Guardian Employer:	Occupation:
Address:	
Phone Number & Extension.:	
Parent/Legal Guardian Employer:	Occupation:
Address:	
Phone Number and Ext.:	

Income Information: (FAMILIES REQUESTING STATE AND FEDERAL SUBSIDY ONLY)

Employment: \$	Unemployment: \$	Workmen's Comp: \$
SS Disability: \$	TANF: \$	Child Support: \$
Alimony: \$	Other (Please List): \$	
Total Gross Monthly Income \$		

Status:

Receiving Pell Grant? ☐Yes ☐No Eligible, but not receiving Pell Grant? ☐Yes ☐No

Ethnicity: (Choose all that apply)

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> White, not of Hispanic Origin | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black, Not of Hispanic Origin | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Native Alaskan | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Primary Language: (Choose one)

- | | | | |
|-------------------------------------|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> German | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native American | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: |

Does your child speak and understand English? ☐Yes ☐No