



## REGISTRATION INFORMATION AND WAITING LIST APPLICATION FORM

The University of California **Early Childhood Education Program** (ECEP) is open Monday through Friday from 7:45 a.m. to 5:30 p.m. We offer early childhood education to children ages **three months to five years**. Children entering in the fall semester must be within this age range as of the first day of regular University instruction.

ECEP reserves a number of subsidized spaces for UC Berkeley students who meet need and income eligibility requirements set by the California Department of Education. **Income eligibility** is based on family size and a family's total monthly gross income. If a family's total monthly gross income is equal or less than the income ceiling below, the early childhood education rate may range from \$0 to \$19.20 per day. Please refer to the California Department of Education Income Ceilings at [cde.ca.gov/sp/cd/ci/documents/fam-feeschedule112voo2.pdf](https://cde.ca.gov/sp/cd/ci/documents/fam-feeschedule112voo2.pdf) to verify if you are income eligible.

**Need criteria** require that both parents must be occupied outside of home during the day in verifiable employment, education or training, or eligible as stated below.

### ELIGIBILITY FOR SUBSIDIZED EARLY CHILDHOOD EDUCATION

- At least one parent is a registered UC Berkeley student
- Second parent may be in any of the following:
  - a) Working
  - b) Education or vocational training leading directly to a recognized trade, paraprofession, or profession
  - c) Actively seeking employment
  - d) Parent is incapacitated because of medical or psychiatric special needs
  - e) Homeless and seeking permanent housing

Priority is given to a child referred for protective services because of neglect, abuse, exploitation or risk thereof.

Post doctorates, visiting scholars and students on filling fee are not eligible to apply for subsidized spaces unless the second parent is a registered UC Berkeley student. If you lose your student status at any point during the academic year, you will be subject to termination of services.

### FEES AND WAIT LIST

Current subsidized fees range from \$0 to \$19.20 per day, are based on a sliding scale set by the State Department of Education, and are assessed based on family size and gross monthly income. You will be informed of your fees upon admission to the program. All fees are subject to change as your income changes and as the State Fee Schedule is updated.

Subsidized applications are placed on the eligibility wait list according to State Department of Education Income Rankings. Families

with the lowest income will be admitted before families with higher incomes. As a result, a family's position on the wait list may change when a new application is added to the wait list. Applying early does not necessarily place applications first on the wait list. Families with the lowest income and greater need are first on the wait list regardless of the date they applied.

### HOW TO APPLY

Complete the attached subsidized application and attach income and employment/school verification for both parents if applicable. Submit all four pages of the application to the UC Berkeley Early Childhood Education Program by any of the following methods:

- In person or by mail at 2339 Haste St., Berkeley, CA 94720-7416
- By fax at (510) 642-8033
- By email via attachment as a pdf form to: [ecep@berkeley.edu](mailto:ecep@berkeley.edu)

If you have any questions when completing the application, contact the ECEP front desk at (510) 642-1827 or the Admissions Coordinator for subsidized applications at (510) 643-1482.

### REQUIRED DOCUMENTATION

#### (Must be attached with application)

In order to do an accurate assessment of an application to determine income eligibility and need for early childhood education, applications must contain all documents that are applicable to each family. Failure to submit any of the applicable documents listed below may delay admittance into to the program.

#### Documents to Verify Income

Provide copies of any of the following documents:

- Recent monthly earnings statements, check stubs, or letter from employer stating earnings (this includes GSI/GSR appointments)
- Financial Aid Award Letter for current academic year (newly admitted students may estimate amount of grants and loans). Financial Aid Award Letter will be required on the day of the intake if accepted into the program.
- Income tax statement from previous year (**for seasonal or self-employed persons only**)
- Cash Aid/Food Stamps Notice of Action benefits
- Child support/alimony payments
- Copies of any other income sources.

#### Documents to Verify Need

Applicants must provide information for both parents if applicable. One of the most common errors is that applicants forget to complete the 'second parent status' section.

#### UC Student Status:

- UC Berkeley Students must submit a class schedule (make sure name of the student appears).  
If newly admitted, estimate the number of units that you plan

to be enrolled. A minimum of 12 units is required to receive a space in the program. Student ID is not required in the initial application, but it will be required upon enrollment. Check any other areas that are applicable to you.

### Second Parent Status:

- If the second parent is employed, submit an earning statement or check stub that indicate gross monthly income, hours and days of employment. If this information is not indicated on the check stub or earning statement, a letter from employer will be required stating the gross monthly income, days and hours of employment.
- If the second parent is a non-UCB student attending another educational institution such as Community College, UCSF, Berkeley Adult School, etc, a copy of his/her class schedule must be attached with application. Check any other areas that are applicable to the second parent.

### APPLYING AS A SINGLE PARENT

#### Documents to Verify Single Parent Status

In addition of providing documents to verify income and need eligibility, if applying as a single parent, the California Department of Education requires supportive documentation to verify single parent status. Applicant must submit at least one of following documents, as applicable:

- Birth Certificates (if father's name is not listed)
- Records of marriage, divorce, domestic partnership or legal separation
- Court-ordered child custody arrangements
- Evidence of child support payment, or evidence that parent has filed for support with the appropriate local agency, or has executed documents with that agency declining to file for child support.
- Child support/Alimony payments
- Current rental lease agreement. If not available because newly admitted and plan to live at UC Housing, please inform the admissions coordinator.

**If an application is missing any of documents listed above, the application will be mark as "incomplete" until all documents needed for assessment are submitted. You will be contacted by our Admissions Coordinator for subsidized applications in order to complete all necessary documents.**

### INTERNATIONAL STUDENTS

**Any document in foreign language must be translated in English by a professional translator.**

**To All Foreign Students:** You must meet income and need requirement set by the California Department of Education. If your income source comes from sponsors, government or other organization (J1 Visa), you must attach a current copy of sponsorship letter. Independent students with F1 visa with savings, but no income, to support family, must attach savings or checking account statements. If family is sponsoring student, a notarized

declaration under penalty of perjury sponsorship letter will be required. If your child is admitted to the program, be prepared to provide the following:

- Birth Certificates for each child counted in the family size or any other legal document indicating the relationship of the child to the parent (passports are not acceptable in place of a birth certificate if you are applying for state subsidy.)
- A medical form with a physical examination with proof of negative tuberculosis test and immunizations will be required upon enrollment. Your child's examination may be completed by your child's pediatrician in your country (must be translated in English). Ask the Admissions Coordinator for this form.

Please note that you must provide verification of second parent status. *When one parent or adult is at home, there is no need for child care; therefore you would not qualify for subsidy.*

### CONFIRMATION OF APPLICATION RECEIPT

Once our office receives your application, a notification via email will be sent to you to confirm receipt of application. Make sure to provide a clear email address. Please allow about a week after submitting application to receive this email. If you do not receive an email within a week, please contact our office to make sure your application was received. You may contact the Admissions Coordinator at [ecep@berkeley.edu](mailto:ecep@berkeley.edu) with questions regarding documents required, status of applications, or any enrollment questions.

**Make sure to provide your full name, affiliation (graduate/undergraduate), child's full name and birth date when inquiring about your application.**

### ACCEPTANCE TO THE PROGRAM

Initial decisions regarding eligibility are based on the information that you provide on the application. Final admittance to the program, however, is based on space and funding availability. If a space is available the Admissions Coordinator will contact you to:

- Verify if there are changes that will affect your eligibility
- Request any missing documents
- Make conditional offer and inform of tentative program fees

After accepting the space in the program, parents must:

- Complete the enrollment packet
- Attend a mandatory intake interview with the Admissions Coordinator and submit necessary documentation

The Admissions Coordinator gives about 24 hours to respond to an email and/or a call. Please be sure your application information is current and legible. If you do not respond within 24 hours, the space will be offered to another family. If you are interested in the space but return the call after it has been offered to another family, your child can remain on the wait list for the next available space he/she is eligible for. We offer spaces as vacancies become available throughout the year; however, most vacancies begin in August (fall). Children selected for enrollment for the fall will generally be informed by our office during the months of June and July (December for spring).

In accordance with Federal law and U.S Department of Agriculture policy, the University of California Berkeley Early Childhood Education Program does not discriminate in its admissions policies against any child because of race, color, national origin, sex, or ethnic background. Within the limits of our professional abilities we serve children with physical, linguistic, mental and/or emotional disabilities.

**UCB STUDENTS:****Students Applying for Non-Subsidized Enrollment:**

- Complete application & submit to address below:

**Students Applying for Subsidized\* Enrollment:**

- Complete application below and also the Application for Subsidized Services and submit to:

**Early Childhood Education Program**

**2339 Haste Street, Berkeley, CA 94720-7416**

Application fee not required for students.

**STAFF, FACULTY, POST-DOCS and Others:**

- Complete application below
- Include nonrefundable \$50 application fee
- Make check payable to UC Regents and submit application and fee to:

**RSSP Cashiers**

**2610 Channing Way, Berkeley,**

**CA 94720-2272**

**ELIGIBILITY & PRIORITY**

The UCB Early Childhood Education Program provides developmental programs for children of University students, staff, faculty, post-doc, LBNL, LLNL, UCOP, UCB visiting scholars and other UC campus staff and faculty. Community applicants are considered in a secondary priority group.

**Research:** Applicants should recognize the research functions of these facilities and upon enrollment are welcome to participate in research and teaching programs administered by the University.

**Child's Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

Note: Children entering the program must be at least three months old in August of the year of enrollment.

month/day/year

Male \_\_\_\_\_ Female \_\_\_\_\_ Date you would like child to START being considered for entry \_\_\_\_\_

Siblings in ECEP \_\_\_\_\_ Center/Dates \_\_\_\_\_

Home Address \_\_\_\_\_

State/Zip/Country \_\_\_\_\_

Home/Work/Cell phones \_\_\_\_\_

**Parent Name** \_\_\_\_\_ UC ID Number (if applicable) \_\_\_\_\_

UC affiliation (student or job title if UCB employee) \_\_\_\_\_

Work phone \_\_\_\_\_ Work address \_\_\_\_\_

Department \_\_\_\_\_ Email address \_\_\_\_\_

**Parent/Domestic Partner** \_\_\_\_\_ UC ID Number (if applicable) \_\_\_\_\_

UC affiliation (student or job title if UCB employee) \_\_\_\_\_

Work phone \_\_\_\_\_ Work address \_\_\_\_\_

Department \_\_\_\_\_ Email address \_\_\_\_\_

**Please check ALL boxes that apply below:**

- |                                                                                                                                   |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Parent is UCB undergraduate student, applying for subsidized enrollment* Do you have a Pell Grant? _____ | <input type="checkbox"/> Parent is UCB faculty                                                     |
| <input type="checkbox"/> Parent is UCB graduate student, applying for subsidized enrollment*                                      | <input type="checkbox"/> Parent is UCB staff member                                                |
| <input type="checkbox"/> Parent is UCB student, applying for full-fee, NON-subsidized care                                        | <input type="checkbox"/> Parent is UCB Post-Doc or Visiting Scholar                                |
|                                                                                                                                   | <input type="checkbox"/> Parent is LBNL, LLNL, UCOP, or 'other UCB campus' faculty or staff member |
|                                                                                                                                   | <input type="checkbox"/> Parent is not UC affiliated/Community                                     |

\*UCB students applying for subsidized care, MUST complete all four pages (including the subsidized application on pages 3 & 4). Eligibility for subsidized care is based on family gross income level and need for early childhood education programs.

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
month/day/year

**CENTER SCHEDULES**

Centers are open M - F, 7:45 a.m. to 5:30 p.m. Some centers operate on a year-round basis, with short breaks between semesters. Other centers are open only during the academic year (generally late August to late mid-May).

**NOTE:** Students applying for subsidized spaces should indicate "Academic Calendar Year Program," or "I prefer Year-Round Program, but would accept Academic Calendar Year Program." Subsidized spaces for summer session is very limited.

**Please indicate your scheduling needs below:**

- I am only interested in a year-round program (Note: spaces are primarily full-fee/not subsidized)
- I am only interested in an academic calendar year program
- I prefer a year-round program, but would accept an academic calendar year program

**GENERAL INFORMATION**

- Applications are accepted at any time, early applications are advisable.
- Enrollment occurs in August though spaces are available throughout the year as vacancies occur in our centers.
- Student applicants, if wait-listed, must update or reapply by mid-May to remain active.
- Other applications remain active until child is admitted to program, parent asks to be removed from the waiting list, or parent does not respond to three contact attempts.
- Children enrolled in ECEP centers may participate in teaching and research programs administered by the University.

Please note that filing an application does not ensure that we will be able to provide services to you.  
All information will be kept strictly confidential by the UCB Early Childhood Education Program.  
We will contact you by email to let you know your application was received.

**FOR FURTHER INFORMATION AND FEES**

Please see our website at: [housing.berkeley.edu/child](http://housing.berkeley.edu/child) or contact ECEP at 510-642-1827, or email [ecep@berkeley.edu](mailto:ecep@berkeley.edu)

Parent Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(if applicable)

As subsidized spaces become available, free or reduced-fee early childhood education is available for eligible families. UC Berkeley students are considered first priority for subsidized spaces. Eligibility for subsidized spaces is based on income and need for early childhood education. Application assessment is made according to California Department of Education Eligibility Guidelines. See instruction on “How to Apply” in this packet for documentation needed as verification of income and need eligibility. Income and need verification must be attached with this application. Incomplete applications will not be processed if missing verification.

NAME(S): Parent(s) or adults living with the child who have responsibility for the care and welfare of the child:

UC Student \_\_\_\_\_ Phone \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Last First

Second Parent/Domestic Partner \_\_\_\_\_ Phone \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Last First

Address \_\_\_\_\_  
 Street City Zip Code

Email Address \_\_\_\_\_  
 Primary Parent/Domestic Partner Secondary Parent/Domestic Partner

Child(ren)'s Name(s) and Birthdate(s) for whom you are applying:

_____	_____	_____	_____	_____
Last	First	Boy/Girl	Birth Date	Ethnic Self-Identification *(optional)
_____	_____	_____	_____	_____
Last	First	Boy/Girl	Birth Date	Ethnic Self-Identification *(optional)
_____	_____	_____	_____	_____
Last	First	Boy/Girl	Birth Date	Ethnic Self-Identification *(optional)

\*We ask for self-identity to help us achieve more diverse groups in each classroom.

Total Number in Family \_\_\_\_\_ Other children under 18 years old living at home: \_\_\_\_\_  
 (birth certificates will be required)

### UC STUDENT STATUS

- Graduate  Undergraduate  
 \_\_\_\_\_ #units enrolled \_\_\_\_\_  
 Department Degree
- GSI  GSR \_\_\_\_\_% of time
- Workstudy \_\_\_\_\_#hrs./wk.
- Other employment \_\_\_\_\_#hrs./wk.
- Unpaid Internship

### SECOND PARENT STATUS (check all that apply)

- \_\_\_ALSO a UCB student  Grad  Undergrad  
 \_\_\_\_\_ # units enrolled \_\_\_\_\_  
 Department Degree
- GSI  GSR \_\_\_\_\_% of time
- Workstudy \_\_\_\_\_# hrs./wk.
- Student at another campus \_\_\_\_\_  
 Where # units
- Employed \_\_\_\_\_  
 Where #hrs/wk
- Seeking Employment

**INCOME RESOURCES**

Report total **GROSS** monthly income for each item listed below. For seasonal workers and self-employed persons only, gross monthly income is computed by averaging total GROSS income received during the previous year. GSI/GSR employees report current gross monthly income, not an average over the academic year. In all cases, attach documentation ie: checkstubs, financial aid letter, as described in the instructions (income tax forms are acceptable for self-employed persons only). Indicate amounts pertaining to the period for which you are applying.

**SOURCES OF INCOME**

**UC STUDENT**

**SECOND PARENT**

Money, wages or salary	_____ /mo.	_____ /mo.
Net income from self-employment	_____ /mo.	_____ /mo.
Social Security	_____ /mo.	_____ /mo.
Dividends, interest	_____ /mo.	_____ /mo.
Public Assistance/cash aid	_____ /mo.	_____ /mo.
Unemployment/disability benefits	_____ /mo.	_____ /mo.
Worker's Compensation payments	_____ /mo.	_____ /mo.
Spousal Support	_____ /mo.	_____ /mo.
Child Support	_____ /mo.	_____ /mo.
Survivor benefits	_____ /mo.	_____ /mo.
Retirement Benefits	_____ /mo.	_____ /mo.
Rental Income	_____ /mo.	_____ /mo.
Foster Care Grant	_____ /mo.	_____ /mo.
Financial Assistance for Child	_____ /mo.	_____ /mo.
Veteran's pensions and Annuities	_____ /mo.	_____ /mo.
Inheritance	_____ /mo.	_____ /mo.
Housing Included in Pay	_____ /mo.	_____ /mo.
Auto Included in Pay	_____ /mo.	_____ /mo.
Student Loans Living Expenses	_____ /mo.	_____ /mo.
Insurance Settlements	_____ /mo.	_____ /mo.
Net Gain from Property	_____ /mo.	_____ /mo.
GSI/GSR income	_____ /mo.	_____ /mo.
Fellowship/Scholarship Awards	_____ /mo.	_____ /mo.

**OFFICE USE ONLY:** TOTAL GROSS MONTHLY INCOME \$ \_\_\_\_\_  
 Daily fee half time \$ \_\_\_\_\_ full time \$ \_\_\_\_\_

**ACADEMIC FINANCIAL ASSISTANCE (FINANCIAL AID)**

For all academic assistance, divide total award by 10 for monthly amounts.

Grants	_____ /mo.	_____ /mo.
Loans	_____ /mo.	_____ /mo.

**OTHER INCOME**

Withdrawn savings	_____ /mo.	_____ /mo.
Private loans (include family support)	_____ /mo.	_____ /mo.

I declare under penalty of perjury, under the laws of the State of California, that the information and any accompanying documents in this application is true and correct, with full knowledge that all information provided in this application are subject to verification and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of subsidized early childhood education services.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**