

**Russell Park/ La Rue Park CDC Application**

La Rue Park CDC  
50 Atrium Way  
Davis, CA 95616  
(530) 753 – 8716

Russell Park CDC  
400 Russell Park  
Davis, CA 95616  
(530) 753 – 2487

I am applying for my child for \_\_\_\_\_  
month and year

program desired

school desired

schedule desired

\_\_\_ Infant Program

\_\_\_ La Rue Park CDC

\_\_\_ School Day (8:30am-2:30pm)

\_\_\_ Toddler Program

\_\_\_ Russell Park CDC

\_\_\_ Full Day Care (7:30am-6pm)

\_\_\_ Preschool



\_\_\_\_\_

child's name

\_\_\_\_\_

date of birth

\_\_\_\_\_

street address

\_\_\_\_\_

home telephone #

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

email address



\_\_\_\_\_

parent's name

\_\_\_\_\_

parent's name

\_\_\_\_\_

parent's occupation

\_\_\_\_\_

parent's occupation

\_\_\_\_\_

parent's place of employment

\_\_\_\_\_

parent's place of employment

\_\_\_\_\_

parent's work or cell phone #

\_\_\_\_\_

parent's work or cell phone #

Application Fee is nonrefundable

\_\_\_\_\_ \$40 (for student families)

\_\_\_\_\_ \$60 (for all others)

\_\_\_\_\_

signature of parent/ guardian

\_\_\_\_\_

today's date