



SOUTH OF MARKET CHILD CARE, INC.

Quality early education & family support
in San Francisco since 1970

FOR SOMACC USE ONLY

Application Date: _____

Priority Applicant: Yes _____

No

WAITLIST APPLICATION FORM

To complete the application process, please submit your completed form to joy@somacc.org, through postal mail, or in-person with a \$75 **NON-REFUNDABLE** fee. The application fee may be paid through Venmo (@SOMACC – Business), by check (payable to SOMACC), or cash.

South of Market Child Care, Inc.

Attention: SOMACC Admissions

790 Folsom Street, San Francisco, CA 94107

Please check ALL that apply and PRINT CLEARLY.

Program/s Applying For: Check **ALL** that apply for your application to automatically roll over to the next program.

INFANT (3 – 18+ months) TODDLER (18 – 29+ months) PRESCHOOL (2 years 5 months - 5+ years | **MUST** be fully potty-trained)

School/s Applying To: Check **ALL** that apply.

Yerba Buena Gardens Child Development Center (YBG CDC) | 790 Folsom St, San Francisco, CA 94107 (Infant, Toddler & Preschool)

Transbay Child Development Center (TB CDC) | 220 Beale St, San Francisco, CA 94105 (Toddler & Preschool)

Child's Name: _____

Due Date _____ / _____ / _____

Date of Birth _____ / _____ / _____
MM DD YYYY

Gender: Male Female Unknown **Place of Birth:** _____

If you are applying before the birth of your child, please contact us when your child is born with his/her **FULL NAME, DOB & GENDER**.

This will help maintain your application and SOMACC's waitlist database up to date.

Requested Start Date: ____ / ____ / ____ **Is your child fully potty-trained?** Yes No In process since _____

How is your child being cared for now? Parents/Family Nanny In-Home Day Care | Name: _____

Child Care Center | Name: _____ Other: _____ N/A

PARENT/GUARDIAN #1 (Please provide **ALL** the needed information.)

Name _____

Relationship to child _____ Phone _____

Email _____

Address _____

City _____ State ____ Zip _____

Preferred Language/s _____

Employment/School Information Employment School

Name of Employer/School: _____

Occupation/Course: _____

Address _____

City _____ State ____ Zip _____

Work/School Schedule: M T W TH F Sat Sun Flexible
_____ AM to _____ PM

PARENT/GUARDIAN #2 (Please provide **ALL** the needed information.)

Name _____

Relationship to child _____ Phone _____

Email _____

Address _____

City _____ State ____ Zip _____

Preferred Language/s _____

Employment/School Information Employment School

Name of Employer/School: _____

Occupation/Course: _____

Address _____

City _____ State ____ Zip _____

Work/School Schedule: M T W TH F Sat Sun Flexible
_____ AM to _____ PM

Child's Name: _____

DOB: _____

How did you hear about SOMACC? Family | Name: _____ Friend | Name: _____

Former/Current SOMACC Family | Name: _____ Event | Name: _____

Website Google Yelp Facebook/Instagram Winnie Other: _____

Have you attended a SOMACC Tour? Yes: When & which location? _____ No

If you haven't attended a tour, would you like to be added on a tour waitlist? Yes No

Are you familiar with the Resources for Infant Educators (RIE) Philosophy? Yes No

Are you familiar with the Reggio Emilia Approach to Early Childhood Education? Yes No

Why are you applying to SOMACC? _____

What does Parent Involvement mean to you? _____

PLEASE NOTE:

- Being on SOMACC's Waitlist does not guarantee enrollment in our programs.
- Your requested start date is also not guaranteed to be granted.
- All submitted applications and fees are [non-transferable](#) and [non-refundable](#).

THANK YOU FOR APPLYING TO SOMACC'S EARLY CARE & EDUCATION PROGRAM!

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Email Mail In-person

Received on: _____ By: _____

Fee Received: Venmo _____ Cash Check# _____

Complete Incomplete: _____

Notes: _____

Entered into database on: _____ By: _____

Emailed conf receipt on: _____ By: _____