

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 ___ Morning School (8:30am-11:30am)
___ Toddler Program ___ Russell Park CDC ___ School Day (8:30am-2:30pm)
___ Preschool ___ Full Day Care (7:30am-6pm)



_____ child's name _____ date of birth

_____ street address _____ home telephone #

_____ City _____ State _____ Zip _____ email address



_____ mother's name _____ father's name

_____ mother's occupation _____ father's occupation

_____ mother's place of employment _____ father's place of employment

_____ mother's work or cell phone # _____ father's work or cell phone #

Application Fee is nonrefundable

_____ \$40 (for student families)
_____ \$60 (for all others)

_____ signature of parent/ guardian _____ today's date