



Observation Form

Cal Poly Pomona University Children's Center
3801 West Temple Ave, Bldg. 116
Pomona, Ca 91768
(909) 869-2284

Name: _____ Bronco ID: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ TB Clearance Date: _____

Are you 18 years of age or older? _____

Name of School You're Attending: _____

Address: _____

Why do you want to observe at The Children's Center?

How did you hear about the Children's Center?

Do you need documentation for this observation? _____

Please complete class information below:

Class Title	Day	Time	Professor/Instructor

In case of an emergency, whom do we call? _____

Relationship: _____ Phone: _____