2015 – 2016 Enrollment Applications will be accepted beginning Monday, April 13, 2015.

Submitting an Application:

- You will be required to submit one of the following verifications of family income:
  - TANF/CalWORKs Verification (Notice of Action) and EBT Card (copy) or
  - Latest pay check stubs (1 month total household income) or
  - Unemployment and/or Disability Verification

- You will be required to submit the following forms along with this application:
  - Birth certificate of all children in the household under 18 years of age
  - Immunization record and TB test results of the child(ren) that you are applying for

Once your income has been verified:

- Your child care will be free or subjected to a flat monthly fee
- You will be contacted to schedule an appointment to complete the enrollment packet.
  
  (This application does not imply that your child has been accepted into the center)
- You will be required to attend a program orientation.

Programs Offered:

- Toddler
  18 Months -36 Months

- Pre-School
  3 – 5 years of age (potty trained)
  (Must be 3 years of age before September 2)

Full Day Program: 7:45 am – 3:00 pm Monday – Thursday 7:45 am – 12:00 pm Friday
APPLICATION FOR ENROLLMENT

PROOF OF YOUR CURRENT INCOME IS REQUIRED WITH THIS APPLICATION

THIS APPLICATION IS VALID FROM JULY 2015 – JUNE 2016

This application does not imply that your child has been accepted into the center. You will be contacted regarding acceptance and parent orientation dates. This application can be returned to the Child Development Center office for enrollment beginning April 13, 2015.

PART I. – FAMILY INFORMATION

Name of all children in the family

1. ____________________________ ____________________________ ____________________________
   Child’s Name: Last, First, Middle Birthdate Age (year/months)

2. ____________________________ ____________________________ ____________________________
   Child’s Name: Last, First, Middle Birthdate Age (year/months)

3. ____________________________ ____________________________ ____________________________
   Child’s Name: Last, First, Middle Birthdate Age (year/months)

Parent(s) residing in the home:

1. ____________________________ ____________________________
   Name: Last, First, Middle Home Phone # Message Phone #

2. ____________________________ ____________________________
   Name: Last, First, Middle Home Phone # Message Phone #

_________________________________________ ____________________________
Home Address City Zip Code

E-mail Address

PART II – PROGRAM –

I understand that this is a year round full day program (fall, winter, spring) ________ (initials)

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<th>FULL DAY PROGRAM</th>
<th>MON.</th>
<th>TUES.</th>
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Are you a returning parent? □ Yes □ No
PART III – FOR CalWORKs PARTICIPANTS ONLY
Are you a LASC CalWORKs Participant? ☐ Yes ☐ No
If so, you will need to complete the campus CALWORKs Verification Form prior to the beginning of the semester.

PART IV – STUDENT STATUS
If you are applying as a “student only” (status), you must have a minimum of 9 units to be eligible for child care.
(Must submit a class schedule once you are fully enrolled)

1. Are you a student? ☐ Yes ☐ No
2. Student ID #_______________________________________________________
3. Check the number of units you anticipate taking this semester:
   12 units or more_______  9 units or more_______  ESL _______
4. If you are married, and your spouse is currently enrolled, check the number of units your spouse anticipates taking:
   12 units or more_______  9 units or more_______  ESL _______
5. Please check if you participate in the programs listed below:

| ☐ EOP&S | ☐ CalWORKs | ☐ Associated Student Organization | ☐ Disabled Student | ☐ Passage Program |
| ☐ TRIO Program | ☐ Veteran’s Program | ☐ Other | |

PART V – SOURCE OF FAMILY INCOME
Are you a single-parent family? ☐ Yes ☐ No
Total Number of Family Members__________________
Gross Monthly Income $ ______________________
What is the source of this income (Earned wages, TANF (AFDC), Soc, Sec., Etc.)?__________________

PART VII
Name of Parent/Guardian Enrolling the child: __________________ Relationship: ______________

PART VIII – CERTIFICATION
I declare under the penalty of perjury, that the information and documentation I have provided, is true and correct to the best of my knowledge. I give the LACCD College Child Development Center authorization to verify all information provided.

_____________________________ __________________________
Signature Date