

Office Use Only Staff Initials _____
 Date Application Received: _____
 Ranking: _____ Student: _____

Los Angeles Community College District Child Development Center

APPLICATION FOR ENROLLMENT

Please submit complete application to the child development center. Completing this application does not imply that your child has been accepted into the program.

Please Note: Verifying Documentation is required for enrollment consideration.

Part I – Child Information (For Children you are applying for care only)			
Last Name:	First Name:	Birthdate:	Age:
Last Name:	First Name:	Birthdate:	Age:
Last Name:	First Name:	Birthdate:	Age:

PART II – Parent/Guardian #1 Information (Provide information for all adults in the household)		
Last Name:	First Name:	Email Address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

Parent/Guardian #2 Information (Provide information for all adults in the household)		
Last Name:	First Name:	Email Address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

PART III – Schedule Requested (Please Check Below)	
PRESCHOOL (Full DAY) Monday-Friday: <u>In Person Care</u> <input type="checkbox"/> <u>*Virtual Program</u> <input type="checkbox"/>	INFANT/TODDLER (Full DAY) Monday-Friday: <u>In Person Care</u> <input type="checkbox"/> <u>*Virtual Program</u> <input type="checkbox"/>
*Virtual Program only available as mandated by the Department of Public Health	

PART IV – Need for Full Time Care (Plases check al that apply)		
	Parent/Guardian #1	Parent/Guardian #2
School/Training	<input type="checkbox"/>	<input type="checkbox"/>
Employed	<input type="checkbox"/>	<input type="checkbox"/>
Incapacitated/ Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Employment	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>
Child at Risk(Protective Services)	<input type="checkbox"/>	<input type="checkbox"/>
Other(Pleases specify):	<input type="checkbox"/>	<input type="checkbox"/>

PART V – For CalWORKs / TANF Participants ONLY (Please check all that apply)	
1. Are you an active participant of the LACCD CalWORKs program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Which of the following are you receiving?	TANF: <input type="checkbox"/> CalWORKs: <input type="checkbox"/>

PART VI- Student Status

What is your vocational major/educational goal?

Parent/Guardian #1 _____ **Parent/Guardian #2** _____

Check the number of credit units you anticipate taking this semester at a Los Angeles Community College Campus:

Parent/Guardian #1: 12 unit+ 11-9 units 8-4 units 3-1 units Non Credit

Parent/Guardian #2: 12 unit+ 11-9 units 8-4 units 3-1 units Non Credit

1. Did you apply at this center last year? Yes No
2. What college/School/Vocational Center are you attending? _____
3. **Student ID#:** _____

PART VII – Family Size & Home Language

Are you a single parent family? Yes No

Total Number of family members? _____

Home Language: _____

List of all siblings living at home: (Children ONLY)

Name:	Birthdate:	Is Child Receiving Early Intervention Services			
		IFSP	IEP	Services Pending	N/A
1.		IFSP	IEP	Services Pending	N/A
2.		IFSP	IEP	Services Pending	N/A
3.		IFSP	IEP	Services Pending	N/A
4.		IFSP	IEP	Services Pending	N/A

PART VIII – Racial/Ethnic Identity – Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Not Hispanic/Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

PART IX - Family Monthly Gross Income (Please include all sources of income)

	Parent/Guardian #1	Parent/Guardian #2	
Employment	\$	\$	
TANF/CalWORKs	\$	\$	
Unemployment	\$	\$	
Cash Aid	\$	\$	
Other:	\$	\$	Total Gross Monthly Income:
TOTAL	\$	\$	\$

PART X - Certification

I certify to the best of my knowledge that the above statements are true. I understand that providing misleading or fraudulent information are grounds for denial and/or termination of services. I understand that I have the right to appeal the denial of my request for services.

Parent/Guardian Signature

Date

**LOS ANGELES COMMUNITY COLLEGE DISTRICT
LOS ANGELES SOUTHWEST COLLEGE
CHILD DEVELOPMENT CENTER**

Pre-Enrollment Process

A complete inquiry card and/or initial application for ranking and eligibility must be submitted to the Child Development Center to be considered for service/enrollment.

The next steps of the enrollment process are as followed:

Your name/child's name is placed on the wait list according to your ranking eligibility. Families are contacted as space becomes available in the classroom-Please respond promptly. You will be asked to complete the next phase of the pre-enrollment process, which involves:

- **Verification of family income/ Submit copies of the following**
 - TANF/CalWORKs Verification (Notice of Action) and/or
 - Latest paycheck stubs (1 month total household income) or
 - Unemployment and/or Disability Verification
 - Written self-certification of income (if no pay stubs)
 - Birth certificate of all children in the household under 18 years of age
 - Immunization record of the child(ren) that you are applying for
 - Current class printout, Educational Plan, and most recent final grades
 - Physician's report LIC for the child LIC 701 [PHYSICIAN'S REPORT-CHILD CARE CENTERS](#)
 - Additional documentation may be requested and further instruction will be provided.

Documents requested are to be attached, dropped off or emailed to: lasc-cdc@lasc.edu

Please note: failure or delay in responding will result in your name being returned to the waiting list and the next family contacted. Service for families are subsidized (free) or subjected to a flat monthly family fee.

Toddler

12 Months – 36 Months

Pre-School

3 – 5 years of age (potty learned)
(Must be 3 years of age before September 1st)

Full-Day Program

Monday – Thursday: 7:30 am – 3:00 pm, Friday: 7:30 am – 12:00 pm

*****This process does not imply acceptance into the center *****