

LOS ANGELES COMMUNITY COLLEGE DISTRICT
LOS ANGELES SOUTHWEST COLLEGE
CHILD DEVELOPMENT CENTER
(323) 241-5000
2020 – 2021 Enrollment Application

When submitting an application the following documents must be attached and emailed to lasc-cdc@lasc.edu to be considered complete:

- **You will be required to submit the following verifications of family income that apply to you:**
 - TANF/CalWORKs Verification (Notice of Action) 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
 - Current class printout, Educational Plan and most recent final grades.

Once your income has been verified:

- Your application will be placed on the wait list
- Your child care will be free or subjected to a flat monthly fee
- You will be contacted to schedule an appointment when a space becomes available to complete the enrollment process.
- This application does not imply that your child has been accepted into the center
- You will be required to attend a program orientation date & time TBA.

Programs Offered:

Toddler

12 Months -36 Months

Pre-School

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

Full Day Program: Monday – Thursday 7:30 am – 3:00 pm
Friday 7:30 am – 12:00 pm

LOS ANGELES COMMUNITY COLLEGE DISTRICT
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 CHILD DEVELOPMENT CENTER
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Rank <hr/>

<u>FOR OFFICE USE ONLY</u>	
DATE APP. RECEIVED	_____
Toddler	_____
Pre-School	_____
Protective Services	_____
Income	_____
Family Size	_____
Pay Utilities	_____
Potty Trained	_____
Fee	_____
Age at Enrollment	_____
Not Interested	_____
No Show	_____
No Income Provided	_____
Called on	_____
Appointment Date 1	_____
Appointment Date 2	_____
Appointment Date 3	_____
Notes:	_____

APPLICATION FOR ENROLLMENT

PROOF OF YOUR CURRENT INCOME IS REQUIRED WITH THIS APPLICATION

THIS APPLICATION IS VALID FROM JULY 2020 – JUNE 2021

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 with required documents must be submitted via email to lasc-cdc@lasc.edu.
We are currently not accepting in person applications.

Are you a New Parent? Returning Parent?

PART I. – FAMILY INFORMATION

Name of all children in the family living in the household

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)
4.	_____	_____	_____
	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)

	MON.	TUES.	WED.	THURS.	FRI
<u>FULL DAY PROGRAM</u>					
7:30 am – 3:00 pm Monday – Thursday					
7:30 am – 12:00 pm Friday					

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:

<input type="checkbox"/> EOP&S	<input type="checkbox"/> CalWORKs	<input type="checkbox"/> Associated Student Organization	<input type="checkbox"/> Disabled Student	<input type="checkbox"/> Passage Program
<input type="checkbox"/> TRIO Program	<input type="checkbox"/> Veteran’s Program	<input type="checkbox"/> 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