

**Office Use Only** Staff Initials \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_  
 Ranking: \_\_\_\_\_ Student: \_\_\_\_\_

## Los Angeles Community College District Child Development Center

### APPLICATION FOR ENROLLMENT

**2022-2023 School Year**

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

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  No   
2. Which of the following are you receiving? TANF:  CalWORKs:

**PART VI- Student Status**

**1. 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 \_\_\_\_\_

2. Did you apply at this center last year? Yes  No   
3. What college/School/Vocational Center are you attending? \_\_\_\_\_ 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
1.		<input type="checkbox"/> IFSP <input type="checkbox"/> IEP <input type="checkbox"/> Services Pending <input type="checkbox"/> N/A
2.		<input type="checkbox"/> IFSP <input type="checkbox"/> IEP <input type="checkbox"/> Services Pending <input type="checkbox"/> N/A
3.		<input type="checkbox"/> IFSP <input type="checkbox"/> IEP <input type="checkbox"/> Services Pending <input type="checkbox"/> N/A
4.		<input type="checkbox"/> IFSP <input type="checkbox"/> IEP <input type="checkbox"/> Services Pending <input type="checkbox"/> N/A

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

- American Indian or Alaskan Native  Hispanic/Latino  
 Black or African American  Not Hispanic/Latino  
 White  
 Asian  
 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**

**2022 – 2023 Enrollment Application**

The following documents must be attached, dropped off or emailed with application to: [lasc-cdc@lasc.edu](mailto:lasc-cdc@lasc.edu)

- **Verification of family income**
  - 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)
- **Additional verification-(submit copies of the following)**
  - 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
- **Once your information is received:**
  - 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 enrollment process, which involves submitting a physician's report LIC for the child LIC 701 [PHYSICIAN'S REPORT-CHILD CARE CENTERS](#) and completing the 2<sup>nd</sup> set of required documentation
  - After which you are to attend a program orientation, date & time TBA.
  - **Please note:** failure or delay in responding will result in your name being returned to the waiting list and the next family contacted
  - Service to families are subsidized (free) or subjected to a flat monthly fee

**Full-Day Program:**

**Toddler**

12 Months – 36 Months

**Pre-School**

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

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

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