

Semester \_\_\_\_\_ Year \_\_\_\_\_

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

Los Angeles Valley College Child Development Center

**APPLICATION FOR ENROLLMENT**

**2020-2021 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: Documentation verifying information on this application will be required for enrollment.

<b>PART I - Child Information</b> (For children you are applying for care only)			
#1	Last Name:	First Name:	Birthdate:
#2	Last Name:	First Name:	Birthdate:
#3	Last Name:	First Name:	Birthdate:

<b>PART II - Parent/Guardian #1 Information</b> (Must Provide information on all adults in the household)		
Last Name:	First Name:	Email address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

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

<b>PART III – Schedule Requested</b>		
FULL DAY Preschool	Monday – Friday ONLY	Hours Needed:
School Age	Days Needed: (Please Circle) M T W Th	Hours Needed:

**PART IV – Need for Full Time Care (Please check all that apply)**

	Parent/Guardian #1	Parent/Guardian #2
In School/Training		
Working		
Medically Incapacitated/Disabled		
Looking for Work		
Homeless		
Other (Please specify):		

**PART V – For CalWORKs / TANF Participants ONLY**

- Are you an active participant of the Los Angeles Valley CalWORKs program? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Which of the following are you receiving? TANF: \_\_\_\_\_ CalWORKS: \_\_\_\_\_

**PART VI – Student Status**

- What is your vocational major/educational goal?

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

Check the number of for 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 \_\_\_\_\_

- Did you apply at this center last year? Yes \_\_\_\_\_ No \_\_\_\_\_

- What College/School/Vocational Center are you attending? \_\_\_\_\_ Student ID# \_\_\_\_\_

**PART VII – Family Size & Source of Income**

Are you a single parent family? Yes \_\_\_\_\_ No \_\_\_\_\_

Total Number of family members? \_\_\_\_\_

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

Name:	Birthdate
1.	
2.	
3.	
4.	

**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 VIII - 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