

Semester _____ Year _____

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

Los Angeles Valley College 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: Documentation verifying information on this application will be required for enrollment.

PART I - Child Information

(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:

PART II - Parent/Guardian #1 Information

(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:

Parent/Guardian #2 Information

(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:

PART III – Schedule Requested

FULL DAY Preschool	Monday – Friday ONLY	Hours: between 7:45 am-3:00 pm
School Age	Days Needed: (Please Check) M T W Th Hours: M, W, Th 2:30-8pm, T 1:30-8pm	Hours Needed:

Does your child have an IEP, special needs, or a disability? Yes No

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

1. Are you an active participant of the Los Angeles Valley 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 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 _____

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 & 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