

Semester _____ Year _____

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

Los Angeles Valley College Child Development Center

APPLICATION FOR ENROLLMENT

2024-2025 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)			
Last Name:	First Name:	Birthdate:	Gender:
Last Name:	First Name:	Birthdate:	Gender:
Last Name:	First Name:	Birthdate:	Gender:

PART II – Child Information	Yes	No
Does your child have special needs and an IEP?		
Does your child have special needs without an IEP?		
Does your child have a disability?		
Does your child speak a language other than English?		
Do you or your child receive WIC, CalFresh, CalWORKs, or Medi-Cal?		

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

	Parent/Guardian #1	Parent/Guardian #2
In School / Vocational 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 College CalWORKs program? Yes: No:

PART VI – Student Status

What is your vocational major or educational goal?

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Check the number of credit units you are taking this semester:

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

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

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 under the age of 18: (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	\$	\$	
CalWORKs	\$	\$	
Unemployment	\$	\$	
Child Support	\$	\$	Total Gross Monthly Income:
Other:	\$	\$	
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



LOS ANGELES VALLEY COLLEGE CHILD DEVELOPMENT CENTER



INCOME CALCULATION WORKSHEET

It is required that you report ALL monthly income.

Please use this form to determine all income that you must report for your basic family unit.

Directions: Please put a check mark next to each income source listed below that you receive.

Name of Parent/Guardian A: _____ Name of Parent/Guardian B: _____

Income Sources	Parent A:	Parent B:
Gross wages – Salary		
Gross wages for migrant, agricultural or seasonal work		
Public cash assistance (CalWorks or TANF)		
Alimony or child support received (See box below)		
Survivor (SSA) and retirement benefits		
Gross income from self-employment less business expenses with the exception of wage draws		
Workers compensation payments/benefits		
Bonus, overtime, commission, tips, or cash advance		
Disability (including Social Security benefits)		
Unemployment compensation		
Dividends, interest on bonds, or income from estates or trusts, rental income or royalties		
Rent for room within the family’s residence		
Foster grants, payment or clothing allowance for children placed through CPS		
Financial assistance received for care of a child living with an adult other than biological or adoptive parent		
Veterans pension		
Pension or annuities		
Inheritance		
Portion of student grants or scholarships not identified as tuition, books, supplies		
Income from other enterprise for gain		
Allowances for housing or automobile provided as part of compensation		
Insurance or court settlement for lost wages or punitive damages		
Net proceeds from the sale of real property, stocks or inherited property		
Gambling or lottery winnings		
Other- Please describe:		

Child Support: I **Do** **Do Not** receive child support in the amount of \$_____ per month

I **Do** **Do Not** receive financial assistance for housing cost in lieu of child support in the amount of \$_____ per month.

I **Do** **Do Not** receive financial assistance for car payments in lieu of child support in the amount of \$_____ per month.

I declare under penalty of perjury that, to the best of my knowledge, the above information is a true and accurate accounting of our family finances.

Parent Guardian Signature

Date