Los Angeles Valley College Child Development Center

**APPLICATION FOR ENROLLMENT 2025-2026 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? If so, what language?) |  |  |
| Do you/your child receive WIC, CalFresh, CalWORKs, Medi-Cal, Etc? (Circle) |  |  |
| Is your child a foster child? |  |  |
| What stage of potty training? (Circle One) Fully Working on it Have Not Started Yet |

|  |
| --- |
| **PART III - Parent/Guardian #1 Information** **Must provide information on all adults responsible for the child(ren)** |
| 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 responsible for the child(ren)** |
| 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 – Students ONLY** |
| 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** |