



Los Angeles Community College District  
West Los Angeles College Campus Child Development  
Center

(310) 287-4357

email: CDC@WLAC.EDU  
**Enrollment Application**



**\*\* Please Read This Application Carefully \*\***

The following information is provided to determine whether or not your child/children meets the entry level requirements for this program. After reading the information, if you believe your child/children are eligible complete the attached application and email scanned copies of the required documents to CDC@WLAC.EDU or provide in-person at the Child Development Center.

**I. General Enrollment Requirements :**

- **Infant-Toddler Program:** Children must be 1.0 years by 1st day of semester of the current year
- **Pre-school Program:** Children must be 3 to 5 years of age by September 1st of current year.
- Priority is given to:
  - Child of Protective Services or children at risk. 2) Children with an IEP or IFSP 3) Full-time Students for Fall/Spring (12 units) and Winter/Summer (6 units) enrolled in the Los Angeles Community College District; maintain a 2.0 G.P.A. 4) Faculty and Staff; 5) Community.
- Total current household income verification will be required to determine your eligibility for the State Preschool, CalWORKs, and/or General Child Care.
- Children must be enrolled Monday-Friday.
- Children should not be enrolled in another program at the same time.
- Verification of training and/or employment is required.

**II. Requirements for Subsidized Care:**

- All general requirements in Section I.
- The child must live in the State of California while services are being received.
- Gross monthly income must not exceed the income ceilings established by the State Department of Early Education Division and California Department of Social Services Child Care Division.

**III. Requirements for CalWORKs Participants:**

- All general requirements in Section I.  
Parent(s) must verify CalWORKs enrollment status.

**IV. Requirements for Non-Subsidized Care:**

- All general requirement in Section I.
- Student parents with the highest priority will be notified as space is available. Unsubsidized child care fees are based on a sliding fee scale approved by the Los Angeles Community College District Board of Trustees. The rate is between \$1 - \$2/per hour for students and \$3 - \$5/per hour for non-students.

***This Institution is an Equal Opportunity Provider***

This application will only be accepted and processed when all **required documents** are attached as listed below:

**A. How Did You Hear About The Child Development Center:**

For research purposes, we would like to know how you found out about the Child Development Center. Please complete by marking the appropriate box in **Part VI** of the application.

**B. Submitting An Application: Required Documents**

- **Current Verification of total household income:**
  1. TANF/CalWORKs Verification, Foster Care payments or
  2. Employment Verification (1, 2 or 4 consecutive weeks of check stubs, totaling 1 month's worth.)
  3. Unemployment and / or Disability Verification;
- **Utility Bill:** (gas, water, trash, electricity bill, or rental agreement) as proof of physical address.
- **Family Size:** Verification for all children, under the age of 18 yrs. old who are part of your household is required. (i.e. birth certificate, hospital birth record, baptismal certificate)
- **Child's Immunizations/Physician's Report:** Provide current immunization record for child/children being considered for enrollment to verify that vaccines are in compliance with the Los Angeles County Dept. of Health Services Child Care Entry Guidelines. A current child physician's report (LIC. 701 form) will be required upon being offered enrollment.
- **Current Class Printout, Educational Plan, & Semester Final Grades:** If applicable, a current enrollment verification, educational plan, and final grades will be required at the time of submitting the enrollment application to establish priority for your child(ren) in the program and at the beginning of every semester to verify parent/guardian student status. ("General Requirements" section 1)

**NOTE: You will be required to submit original current income verification and/or additional information during the enrollment certification & recertification process.**

*This Application is Contingent on State Funding for Our Program*

**Please Note: All Programs are Subject to Change Without Prior Notice**

Submit application and supporting documents via e-mail to the Child Development Center at [CDC@WLAC.edu](mailto:CDC@WLAC.edu) beginning July 1, 2023 to establish eligibility for your child(ren) in the program.



*Completing this application does not imply that your child has been accepted into the program.*

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

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
 Child Protective Services: \_\_\_\_\_  
 CalWORKs: \_\_\_\_\_ Other: \_\_\_\_\_  
 Income: \_\_\_\_\_ Family Size: \_\_\_\_\_  
 Ranking Number: \_\_\_\_\_



Los Angeles Community College District Child Development Center  
**APPLICATION FOR ENROLLMENT- WEST LOS ANGELES**  
**COLLEGE 2023-2024 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:	Middle Initial:	Birthdate:	Home/Other Language Spoken:
#2	Last Name:	First Name:	Middle Initial:	Birthdate:	Home/Other Language Spoken:
#3	Last Name:	First Name:	Middle Initial:	Birthdate:	Home/Other Language Spoken:
<b>PART II - Parent/Guardian #1 Information</b> (Must Provide Information on All Adults in the Household)					
Last Name:		First Name:		Middle Initial	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:		Middle Initial	Email address:
Street Address:			City	Zip Code	
Home Phone:		Work Phone:		Cell Phone:	
<b>PART III – Schedule Requested (Please Check Below)-Subject To Change</b>					
<input type="checkbox"/> FULL DAY <input type="checkbox"/> Preschool <input type="checkbox"/> Monday-Friday			<input type="checkbox"/> Full Day <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Monday-Friday		

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

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

1.	Are you an active participant of the LACCD CalWORKs Program?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
2.	Which of the following are you receiving?	TANF: _____	CalWORKs: _____	Cal Fresh: _____	

**PART V – How Did You Hear About The Child Development Center? Check All That Apply**

a. <b>Campus Department:</b> Admissions: <input type="checkbox"/>	CalWORKs: <input type="checkbox"/>	WLAC Website: <input type="checkbox"/>	Other: <input type="checkbox"/>
b. <b>Check All that Apply:</b> Family or Friend: <input type="checkbox"/>	Returning Family: <input type="checkbox"/>	Resource and Referral Agency: <input type="checkbox"/>	

**PART VI – Student Status**

1. What is your vocational major/educational goal? Parent/Guardian #1: _____ Parent/Guardian #2: _____
<b>Parent/Guardian #1:</b> 12 units: _____ 11-9 units: _____ 8-4 units: _____ 3-1 units: _____ Non-Credit Courses: _____
<b>Parent/Guardian #2:</b> 12 units: _____ 11-9 units: _____ 8-4 units: _____ 3-1 units: _____ Non-Credit Courses: _____
2. Did you apply at this Center last year? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. What College/University/Vocational Center are you attending? <b>Parent/Guardian #1:</b> _____ <b>Student ID #:</b> _____ <b>Parent/Guardian # 2:</b> _____ <b>Student ID #:</b> _____

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

1. Are you a single parent family? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2. Total Number of family members? _____

**List 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	Case Number
Employment	\$	\$	
TANF/CalWORKs	\$	\$	
Unemployment	\$	\$	
Cash Aid:	\$	\$	
Cal Fresh:	\$	\$	
Other:	\$	\$	
<b>TOTAL</b>	\$	\$	

**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 COMMUNITY COLLEGES DISTRICT CHILD DEVELOPMENT CENTER


## Fraud Statement

This program defines fraud as an intentional misrepresentation, concealment, or nondisclosure of information for the purpose of inducing Center Staff to rely on it for determining eligibility for services.

Subsidized child development services are not an entitlement; families must meet eligibility requirements. Ultimately, the burden of proof of eligibility is on the parent, not the Center. If the parent cannot prove eligibility, the Center has no obligation to serve the family. At any step in the completion of the enrollment process or child's attendance in the program, services may be suspended, if fraud is substantiated. Documentation of fraud will be forwarded to the General Legal Council of the Los Angeles Community Colleges District (LACCD). If a family has obtained services through fraud, a payment of outstanding tuition balance is required before any future services are considered.

The Center may verify information/documentation provided by the parent.

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I understand the above fraud statement and declare, under the penalty of perjury, that the information and documentation I have provided, is true and correct to the best of my knowledge. I give LACCD Child Development Center permission to verify all information provided.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative/Director's Signature