



**SPRING SESSION 2010  
WEST LOS ANGELES COLLEGE CHILD DEVELOPMENT CENTER**

9000 Overland Avenue Culver City, CA 90230  
Phone 310-287-4357 / Fax 310-287-4569  
Program Director, Yvonne Simone

**Dear Parent,**

This is a nurturing early childhood education program for toddler, preschool and school age children of WLAC student-parents and WLAC employees. The California Department of Social Services licenses the Center, Community Care Licensing #197410716 and # 197410718. To begin the process parents must register into the college and complete the Center application and provide certification documents.

**SESSION – FEBRUARY 8, 2010 – JUNE 13, 2010**

Hours for Childcare / Monday – Thursday 7:45 a.m. – 4:00 p.m.  
Toddler ( 2–3 years) & Preschoolers ( 3-5 years ) Program M-TH 7:45 a.m. – 4:00 p.m.

**Spring 2010 Application Due Date January 14 th, 2010**

This application is a request for admission to the program. Initial enrollment will be set by February 7th. Enrollment openings are filled throughout the semester. Applications are continuously accepted. This application is good for one semester only.

**Application Submission – The following must be attached to the application for consideration.**

- ❖ Submit completed application to the Child Development Center with the following documentation.
- ❖ College class printout and/or proof of employment.
- ❖ Income verification – 1 month's check stubs **and** 2009 Tax return **or** Notice of Action, SSI or Disability verification.

**General Eligibility Requirements and Instructions for Program Enrollment**

- ❖ Parent must be an enrolled student or employee of WLAC. Child/ren ages 2 - 5 years of age are considered for the program depending on the sessions requested.
- ❖ In the all-day, morning and afternoon programs a child must be enrolled a minimum of 1 session, two days a week.,  
All-Day Session 7:45 a.m. – 4:00 p.m. , minimum 6.5 hours (children must arrive no later than 9:00 a.m.)
- ❖ Morning Session 7:45 a.m. – 1:00 p.m. , minimum 3.5 hours ( children must arrive no later than 9:00 a.m.) Afternoon Session  
12:00p.m.– 4:00 p.m. , minimum 3.5 hours (4 yr. olds & Kindergartners). ( All programs are subject to change. )
- ❖ Children with disabilities are considered.
- ❖ With the exception of a 2-year-old child, a child should be able to use the toilet by him/herself.
- ❖ Upon acceptance into the program it is the parent's responsibility to provide a copy of the child's immunization record and birth certificate or baptismal record. All children under the age of six must provide a physician's health evaluation indicating his/her ability to participate in the program.
- ❖ Parent must observe Center policies set forth in the Parent Handbook and College Student Handbook.

**State Preschool Requirements**

- ❖ Parent(s) must live and/or work in the state of California.
- ❖ Child/ren must be 3 years of age by December 2<sup>nd</sup> of the current year. Priority is given to 4 year olds, then 3 year olds and then 5 year olds who are not enrolled in Kindergarten.
- ❖ Priority may be given to children in protective services, then 4 year olds, then 3 year olds, 2.9+ years and then 5 year olds
- ❖ Adjusted monthly income must not exceed the income ceilings established by the California Department of Education Child Development Division.
- ❖ Preschool children may not be enrolled in another program at the same time.

**CalWORKs Participants Requirements**

- ❖ Parent(s) must be a cash CalWORKs/TANF recipient. Documentation required.  
Subsidized tuition for children ages 2-5.

**Acceptance into the Program / Tuition**

Parents with the highest priority will be notified, as eligibility becomes available. When center staff has notified you of your child's acceptance into this program, you will be responsible for completing an in-take packet and orientation. Verification of financial need will be required to determine your eligibility for the State Preschool Program, CalWORKs and/or your placement on the Center's sliding tuition schedule. Student tuition ranges from \$1.00 - 2.50\* per hour and is based on total family income and size. Staff and community family rates are from \$2.50-5.00 per hour.

Office Use: Complete \_\_\_\_\_ Incomplete \_\_\_\_\_ Date App. Rec'd \_\_\_\_\_ By \_\_\_\_\_  
 Contact Date(s) \_\_\_\_\_ Certified \_\_\_\_\_ Accepted \_\_\_\_\_  
 CCTR \_\_\_\_\_ CSPP \_\_\_\_\_ NS \_\_\_\_\_ CW \_\_\_\_\_ WL \_\_\_\_\_ CPS \_\_\_\_\_

**WEST LOS ANGELES COLLEGE CHILD DEVELOPMENT CENTER  
 APPLICATION FOR ENROLLMENT  
 SPRING 2010**

Please read through the information carefully and complete all sections. Return application to the Center office. Applications are evaluated according to need. Family financial verification and a Spring course printout and/or employment verification is required to support this application.

**THIS APPLICATION IS VALID FOR SPRING 2010 ONLY.**

**PART I -- FAMILY INFORMATION / ENROLLMENT IS REQUESTED FOR:**

1. \_\_\_\_\_  
 Child's Name - first and last Social Security # Birthdate / Age

2. \_\_\_\_\_  
 Child's Name - first and last Social Security # Birthdate / Age

3. \_\_\_\_\_  
 Child's Name - first and last Social Security # Birthdate / Age

\_\_\_\_\_  
 Parent / Legal Guardian Name Home Phone Work Phone

\_\_\_\_\_  
 Parent /Guardian Social Security # Cell Phone Pager

\_\_\_\_\_  
 Address City Zip Code

Do you or your child(ren) have any special needs? ( i.e. learning disabilities, hearing impaired, ) If yes please state. \_\_\_\_\_

**PART II – SESSIONS / CHILDREN'S ENROLLMENT IN THE PROGRAM:**

Children in the day program are required to be enrolled a 2 days a week for a minimum of 1 session.

**Please indicate which session(s) you plan to enroll your child in.**

	Mon.	Tues.	Wed.	Thru.	Fri.
All Day Session 7:45 a.m.- 4:00 p.m. (minimum 9:00- 3:30)					X
Morning Session 7:45 a.m.-1:00 p.m. (minimum 9:00-12:30)					X
Afternoon Session 11:30 a.m. – 4:00p.m.. (minimum 12:00-3:30)					X
					X

**Short-term Classes**

If one or more of your classes are short-term , please list the classes and their beginning and ending dates.

\_\_\_\_ I am enrolling in **Short-Term** classes. Please provide the dates. \_\_\_\_\_

**PLEASE COMPLETE THE NEXT PAGE.**

**PART III -- SERVICE PLAN** Please check those session(s) that you plan to attend :

- Summer 2010
- Fall 2010 September - December, 2010
- Winter Intercession 2011
- Spring 2011 February – June, 2011

**PART IV -- RESOURCES OF FAMILY - Please provide proof of income with this application.**

Total Number of Family Members \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Total Source(s) of Family Income

\_\_\_\_ Monthly Earned Wages (The current month's check stubs and the most recent tax return

\_\_\_\_ TANF \_\_\_\_ Soc. Sec. \_\_\_\_ Disability ( Please provide verification with Notice of Action )

\_\_\_\_ Child Support ( documentation )

\_\_\_\_ Other

**PART V -- STUDENT STATUS**

What is your vocational major or objective / education goal?

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Check the number of units you anticipate taking this semester:

12 units + \_\_\_\_\_ 9 - 7 units \_\_\_\_\_ 6 -4 units \_\_\_\_\_ 3 - 1 units \_\_\_\_\_ None \_\_\_\_\_

If both parents are residing in the home, is the second parent currently enrolled at this college and if so how many units is he / she is taking for the requested semester? \_\_\_\_\_ units.

Why do you want your child enrolled in the Child Development Center?

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**PART VI -- CERTIFICATION**

I hereby certify, to the best of my knowledge that the above statements are true. I understand that providing misleading information or fraudulent information are grounds for denial and / or termination of services. I understand that I have the right to appeal a denial of my request for services.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

**Thank you for applying to the WLAC /Child Development Center.**