



SUMMER SESSION 2009
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 preschool children of WLAC student-parents and WLAC employees. The California Department of Social Services licenses the Center, Community Care Licensing #197410716. To begin the process parents must register into the college and complete the Center application and certification documents.

CHILD DEVELOPMENT CENTER SUMMER SESSION – JUNE 22nd – AUGUST 13th 2009

Note: Spring '09 ends 6/8/09 and College Summer Session begins July 6 ,2009

One Friday only , June 26th the Center will be open for childcare services

Monday – Thursday 7:45 a.m. – 4:00 p.m.

Preschool (3 - 5 yr.) only

Application 1st Due Date

Summer 2009 / due June 8th '09

Applications are continuously accepted. This application is a request for admission to the Summer 2009 program and is good for this session only.

Application Submission

- ❖ Submit a completed application to the Child Development Center with the following:
 1. College class printout and / or proof of employment.
(If you are a continuing Center parent, from the Spring, 2009 semester, you do not need to do step #2)
 2. Income verification – 1 current month's check stubs **and** the 2008 Tax Return summary page, **or** Notice of Action, SSI / Unemployment or Disability verification and or any other financial information.

General Eligibility Requirements and Instructions for Program Enrollment

- ❖ Parent must be an enrolled student or employee of WLAC.
Children must be between the ages of 3-5 years of age.
- ❖ In the M-Th day morning program a child must be enrolled a minimum of two days a week.
- ❖ Priority will go to children enrolling for four days.
- ❖ Children with disabilities will be considered.
- ❖ 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 the 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.
- ❖ Priority is given to children 4 years of age, then 3 years olds and then 5 year olds.
- ❖ Adjusted monthly income must not exceed the income ceilings established by the California State 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 CalWORKs/TANF recipient. Documentation required.

Acceptance into the Program / Tuition

Parents with the highest priority will be notified, as space becomes available. When the 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 sliding tuition schedule. Tuition is based on total family income and size; ranging from \$ 1.00 - 2.50 per hour for students. Staff rates are from \$2.50 - \$5.00 per hour.

Application next page

Office Use: Complete _____ Incomplete _____ Date. Rec'd / by _____
Contact Date(s) _____ Certified _____ Accepted _____ WL _____ CPS _____
CCTR _____ CSPP _____ NCSPP _____ CW _____

**WEST LOS ANGELES COLLEGE CAMPUS CHILD DEVELOPMENT CENTER
APPLICATION FOR ENROLLMENT
SUMMER 2009**

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 summer course printout and/or employment verification is required to support this application.

THIS APPLICATION IS VALID FOR SUMMER 2009 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
_____ Parent / Legal Guardian Name	_____ Home Phone	_____ Work Phone
_____ Parent /Guardian Social Security #	_____ Pager	_____ Cell Phone
_____ Address	_____ City	_____ Zip Code
Does your child(ren) have special needs? If yes please state. _____		

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

Children in the program are required to be enrolled for a minimum of 2 days a week. Four day enrollment receives priority.

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

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

Please complete other side.

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

- Fall 2009 September - December , 2009
- Winter Intercession 2010
- Spring 2010 February – June, 2010
- Summer 2010

PART IV -- RESOURCES OF FAMILY - Please attach 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 (Provide Notice of Action)

____ Child Support (documentation) ____ Other

PART V -- STUDENT STATUS

What is your vocational major or objective / education goal?

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?

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