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

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.
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.

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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 __________________________

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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.


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 Intercission 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 ____________________