SPRING SESSION-2017
WEST LOS ANGELES COLLEGE CHILD DEVELOPMENT CENTER (CDC)
9000 Overland Avenue Culver City, CA  90230
Phone: 310-287-4357 & Fax: 310-287-4569
Katy Kelley, CDC Director rev. 1/23/17

The CDC is a nurturing early childhood education program for toddler and preschool children (2-5 years) of WLAC students/parents, WLAC employees and local community parents that qualify (California Department of Education (CDE) income guideline. The California Department of Social Services licenses the Center, Community Care Licensing #197410716. To begin the process, parents must register into the college (if you are a student) and complete the center application and provide certification documents.

SPRING SESSION– 2/6/2017-6/5/2017
Hours/Days for the CDC: Monday – Thursday from 7:45 a.m. – 4:00 p.m.

Spring session applications will be accepted throughout the semester.  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 (needs to be an official print out from Admissions) and/or proof of employment
 Income verification – 1 month’s check stubs (most recent) and the most Recent Tax return or Notice of Action, SSI or Disability verification.
 Updated immunizations
 Birth certificates for all children in the household (new families only)

Eligibility Requirements and Instructions for Program Enrollment

 Parents must have child/ren ages 2-5 years of age and meet California Department of Education Child Development Division income guidelines and must show a need (i.e., school, work, etc.). Adjusted monthly income must not exceed the income ceilings established by the California Department of Education Child Development Division.
 Must be enrolled a minimum of 1 session, two days a week (M & W or T & TH).
 All-Day Session:  8:00 a.m. – 4:00 p.m., minimum 6.5 hours (children must arrive no later than 9:00 a.m.)
 Morning Session: Between 8:00 a.m. – 1:00 p.m., minimum 3.5 hours (children must arrive no later than 9:00 a.m.)
 Children with disabilities are welcomed and the program will make any responsible accommodation/s.
 With the exception of a 2-year-old child, a child should be able to use the toilet by him/herself.
 Before the child’s first day of child care/ early education services, 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.
 Parent(s) must live and/or work in the state of California.
 Child/ren must be 3 years of age by September 2 in order to be placed in the preschool classroom.
 Priority is given to children in protective services, then 4 year olds, then 3 year olds, 2.9+ years and then 5 year olds (**Parents with full- time needs are considered priority).

Acceptance into the Program and Family Fee
Parents with the highest priority will be notified, as eligibility becomes available. When center staff have notified you of your child’s acceptance into this program, you will be responsible for completing an in-take packet and an orientation. Verification of financial need will be required to determine your eligibility for the State Preschool Program, General Child Care, CalWORKs and/or your placement on the Center’s sliding fee schedule.
Please read the information carefully and complete all sections. Return application to the Center office. Applications are evaluated according to need. Family financial verification and an official course printout and/or employment verification is required to support this application.

** How did you hear about our Child Development Center:

THIS APPLICATION IS VALID ONLY FOR SPRING 2017

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

1. Child's Name - first and last  
   Birthdate  
   Age

2. Child's Name - first and last  
   Birthdate  
   Age

3. Child's Name - first and last  
   Birthdate  
   Age

Parent / Legal Guardian Name  
Home Phone  
Work Phone

Parent / Guardian Social Security # / Student ID  
Cell Phone  
email

Address  
City  
Zip Code

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

PART II – SESSIONS / CHILDREN’S ENROLLMENT IN THE PROGRAM: Children in the day program are required to be enrolled a minimum of 2 days a week for 1 session (M & W or T & TH).

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

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| Morning Session (Minimum 3.5)      |       |       | x    |       | x    |

**Important** - 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 future session(s) that you plan to attend:
☑ Fall 2017
☑ Winter 2018
☑ Spring 2018

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 objective 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

Thank you for applying to the WLAC Child Development Center.