

SCANNED COPIES OF REQUIRED DOCUMENTS ALONG WITH A COMPLETED APPLICATION
WILL BE ACCEPTED AT THIS TIME UNTIL FURTHER NOTICE.
PLEASE E-MAIL ALL DOCUMENTATION TO GREYJ@WLAC.EDU

Los Angeles Community College District
West Los Angeles College Campus Child
Development Center
(310) 287-4357
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, and if you believe your child/children are eligible, complete the attached application and email scanned copies of the required documents to GREYJ@WLAC.EDU

I. General Requirements for Enrollment :

- **Infant-Toddler Program:** Children must be 1.0 years by June 1st 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:
 - 1) Children of Protective Services; 2) Full-time Students for Fall/Spring (12 units) and Winter/Summer (6 units) enrolled in of the Los Angeles Community College District; maintain a 2.0 G.P.A. 3) Faculty and Staff; 4) Community.
- Total current household income verification will be required to determine your eligibility for the State Preschool Program, CalWORKs and/or Center Based Programs.
- It is recommended that children are toilet trained (3-5 yrs).
- 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 Learning and Care Division (ELCD).
- Priority is given to 4 -year-olds and then 3-year-olds.

III. Requirement for CalWORKs Participants:

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

Center Based Enrollment:

- 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 an hour for students and \$3 - \$5 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:

- **Current Verification of total household income:**
 1. TANF/CalWORKs Verification, Foster Care payments or
 2. Employment Verification (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, rental agreement)** as proof of physical address.
- **Family Size:** Verification for all children, under the age of 18, who are part of your household is required. (i.e. birth certificate, hospital birth record, baptismal certificate).
- **Child's Immunization:** Provide current immunization record for child/children being considered for enrollment to verify that vaccines are in compliance with Los Angeles County Dept. of Health Services Child Care Entry Guidelines.
- **Current Class Print-out, Educational Plan, and 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 eligibility priority for your child(ren) in the program and at the beginning of every semester to verify student status. (See "General Requirements" section I.) enrollment process and anytime thereafter.

This Application is Contingent on State Funding for Our Program

NOTE: You will be required to submit original current income verification and/or additional information during the enrollment process and anytime thereafter.

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

Submit application and supporting documents via e-mail to the Child Development Center at GREYJ@WLAC.EDU beginning September 1, 2021 to establish eligibility for your child(ren) in the program



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, of outstanding balance of tuition is required before any future services are considered.

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

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

Semester _____ Year _____

Office Use Only	Staff Initials _____
Date Application Received _____	
Ranking: _____ Student: _____	



Los Angeles Community College District Child Development Center

APPLICATION FOR ENROLLMENT

2021-2022 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.

PART I - Child Information
(For children you are applying for care only)

#1	Last Name:	First Name:	Birthdate:
#2	Last Name:	First Name:	Birthdate:
#3	Last Name:	First Name:	Birthdate:

PART II - Parent/Guardian #1 Information
(Must Provide information on all adults in the household)

Last Name:	First Name:	Email address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

Parent/Guardian #2 Information
(Must Provide information on all adults in the household)

Last Name:	First Name:	Email address:
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

PART III – Schedule Requested (Please Check Below)

FULL DAY Preschool Monday-Friday	Full Day Infant (1yr) Mon – Fri	FULL DAY Toddler (2yr) Monday - Friday

PART IV – Need for Full Time Care (Please check all that apply)

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

PART V – For CalWORKs / TANF Participants ONLY

- Are you an active participant of the LACCD CalWORKs program? Yes: _____ No: _____
- Which of the following are you receiving? TANF: _____ CalWORKs: _____

PART VI – Student Status

- What is your vocational major/educational goal?
Parent/Guardian #1 _____ Parent/Guardian #2 _____

Check the number of for credit units you anticipate taking this semester at a Los Angeles Community College Campus:

Parent/Guardian #1: 12 unit + _____ 11-9 units _____ 8-4 units _____ 3-1 units _____ Non Credit _____
 Parent/Guardian #2: 12 unit + _____ 11-9 units _____ 8-4 units _____ 3-1 units _____ Non Credit _____

- Did you apply at this center last year? Yes _____ No _____
- What College/School/Vocational Center are you attending? _____ Student ID# _____

PART VII – Family Size & Source of Income

Are you a single parent family? Yes _____ No _____

Total Number of family members? _____

List of 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	
Employment	\$	\$	
TANF/CalWORKS	\$	\$	
Unemployment	\$	\$	
Cash Aid	\$	\$	
Other:	\$	\$	Total Gross Monthly Income:
TOTAL	\$	\$	\$

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