



**Kindergarten Program/Transitional Kindergarten**

**Application for Enrollment**

**2017-2018 School Year**

**\*\* Please Read This Application Carefully \*\***

Please be advised that it is your responsibility to check with your local school district to determine how your child's enrollment in the Child Development Center Transitional Kindergarten/Kindergarten Program will affect your child's enrollment status for first grade.

This application will only be accepted and processed, when submitted with all required original documents - incomplete applications will not be accepted.

**I. A. General Requirements for Enrollment:**

- **Kindergarten:** Children must be 5 years of age by September 1, 2017
- **Transitional Kindergarten:** Children must 5 years of age between **September 2 - December 2, 2017**
- Priority is given to:
  - 1) Children of Protective Services; 2) Students of the Los Angeles Community College District;
  - 3) Faculty and Staff; 4) Community.
- Total current household income verification will be required to determine your eligibility for the General Child Care Program, CalWORKs and/or Center Based Programs.
- A child enrolled is required to attend Monday-Friday .
- Verification of training and/or employment is required.

**B. Requirement for Subsidized Care:**

- All general requirements for enrollment in Section I.
- Gross monthly income must not exceed the income ceilings established by the State Department of Education Early Education Support Division (EESD).

**C. Requirements for CalWORKS Participants:**

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

**D. Center Based Enrollment:**

- All general requirements 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.

**Note** ● **Transitional Kindergarten is the first year of a two year program, mandated by the State of California Department of Education. If your child's birthday is between September 2 - December 2 of the current year, your child will be eligible to attend our program for two years.**

*This Institution is an Equal Opportunity Provider.*

**E. Submitting an Application:**

This application will only be accepted and processed when all **\*original documents** are attached as listed below:

- **Current Verification of total household income:**
  1. TANF/CalWORKs Verification; 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).
- **Official Class Print-out:** If applicable, a current official class print-out 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.)

(\*Submit original documents, copies will be made at the Child Development Center. )

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

**F. Program Hours:**

Kindergarten Session: 7:45 am - 3:30 pm, Monday - Friday

**II. How Did You Hear About The Child Development Center:**

For research purposes, we would like to know how you found out about the Child Development Center. Please complete by marking the appropriate box in Part II of the application .

This application for enrollment is to be completed and returned to the Campus Child Development Center Office (Building A1-101) to establish eligibility for your child's admission.

**Please Note: The Program Days and Times Are Subject to Change Without Prior Notice**

**III. Session:**

Semester	Session	Age Group	Hours of Operation	Minimum Hours of Enrollment	Minimum Days of Enrollment
Summer '17	All Day (June 12, - August 18, 2017)	5.0	7:45 am - 3:30 pm, Monday - Friday	8:30 am - 3:00 pm, Monday - Friday	2 days
Fall '17 Winter '18 Spring '18	All Day (August 28, 2017- June 1, 2018)	5.0	7:45 am - 3:30 pm, Monday - Friday	8:30 am - 3:00 pm, Monday - Friday	

**Completing This Application Does Not Imply That Your Child Has Been Accepted Into The Program.**

*This Application is Contingent on State Funding For Our Program.*

*This Institution is an Equal Opportunity Provider.*

**Submit application to the Child Development Center (bldg. A1-101) beginning March 13, 2017 to establish eligibility for your child(ren) enrollment between June 12, 2017 - June 30, 2018.**

<b>FOR OFFICE USE ONLY</b>	
Date Application Received:	_____
Child Protective Services:	_____
Cal Works:	_____ Other: _____
Staff Initials:	_____
Transitional Kindergarten:	_____

**KINDERGARTEN PROGRAM/TRANSITIONAL KINDERGARTEN  
 APPLICATION FOR ENROLLMENT  
 2017-2018 SCHOOL YEAR**

**The following will be required:** Current family's income verification (1 month's worth), a utility bill (gas, electricity, trash, or water) and child's birth certificate for all children **under the age of 18** who are part of your household will be required to be submitted with this application. (Submit original documents, copies will be made at the Child Development Center.)

**This Application is Valid for Enrollment From 06/12/17 - 06/30/18**

<b>PART I - A. Child Information:</b>		
1.	_____	_____
	Child's Name - Last, First, Middle	Birthdate
		Age
2.	_____	_____
	Child's Name - Last, First, Middle	Birthdate
		Age
3.	_____	_____
	Child's Name - Last, First, Middle	Birthdate
		Age
<b>Parent/Guardian Information:</b>		
_____		_____
Mother's/Guardian's Name		E-mail address (if applicable)
( )		( )
_____		_____
Home Number		Cell Phone Number
_____		_____
Address	City	Zip Code (include 9-digit zip code)
_____		_____
Father's/Guardian's Name		E-mail address (if applicable)
( )		( )
_____		_____
Home Number		Cell Phone Number
_____		_____
Address	City	Zip Code (include 9-digit zip code)
<b>B. Program:</b>		
I am interested in applying for:		
	Year-Round:	_____ June 12, 2017 - June 30, 2018
	Summer Only:	_____ June 12, 2017 - August 18, 2017
	Fall through Spring:	_____ August 28, 2017 - June 30, 2018
<b>C. For CalWORKs/TANF Participants Only:</b>		
1.	Are you an active participant of the East Los Angeles College CalWORKs Program?	Yes: _____ No: _____
2.	Which of the following are you currently receiving?	TANF: _____ CalWORKS: _____
<b>PART II - How Did Your Hear About the Child Development Center? (check all that apply)</b>		
a.	Campus Department:	<input type="checkbox"/> Admissions <input type="checkbox"/> CalWORKS <input type="checkbox"/> ELAC Website <input type="checkbox"/> Other: _____
b.	Check all that apply:	<input type="checkbox"/> Family or Friend <input type="checkbox"/> Sibling attended <input type="checkbox"/> Resource and Referral Agency

**For Office Use:**      **Income:** \_\_\_\_\_      **Family Size:** \_\_\_\_\_      **Rank:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**A. Student Status:**

1. What is your vocational major or objective/educational goal?

**Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_ **Guardian:** \_\_\_\_\_

a. Check the number of units you anticipate taking this semester at a Los Angeles Community College District Campus?

**Mother:** 12 unit + \_\_\_ 11 - 9 units \_\_\_ 8 - 4 units \_\_\_ 3 -1 units \_\_\_ 0 units \_\_\_

**Father:** 12 unit + \_\_\_ 11 - 9 units \_\_\_ 8 - 4 units \_\_\_ 3 -1 units \_\_\_ 0 units \_\_\_

**Guardian:** 12 unit + \_\_\_ 11 - 9 units \_\_\_ 8 - 4 units \_\_\_ 3 -1 units \_\_\_ 0 units \_\_\_

2. Did you apply at this Center last year? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Total Family and Source of Family Income:**

1. Are you a single parent family? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Total Number of Family Members: \_\_\_\_\_

Total Gross Monthly Income: \_\_\_\_\_

List siblings of the child you are enrolling and provide the following information:

Please check all that apply. Indicate the income amount for each one:

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

- 1. Employment:
- 2. TANF/CalWORKS:
- 3. Unemployment:
- 4. Other/Specify:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

**C. 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(s) Signature

\_\_\_\_\_  
Date

**PART III - Children's Enrollment in the Program:**

Each child is required to attend Monday - Thursday from 8:30 am - 3:00 pm and Friday from 8:30 am - 12:00 pm.

(Check the day(s) requested)	Mon.	Tues.	Wed.	Thurs.	Fri.
<b>* Kindergarten Program</b>					
7:45 am - 3:30 pm, Monday - Friday (min. 8:30 am-3:00)					
<b>Summer Session Only</b>					
7:45 am - 3:30 pm, Monday - Friday (min. 8:30 am-3:00; min. of 2 days/week) <b>June 12 - August 18, 2017</b>					

ENROLLMENT DAYS and TIMES are SUBJECT TO CHANGE

**Submit application to the Child Development Center (Bldg. A1-101) beginning March 13, 2017 to establish eligibility for your child(ren) enrollment between June 12, 2017 - June 30, 2018.**

**EAST LOS ANGELES COLLEGE  
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, repayment of outstanding balance of tuition is required before any future services are considered.

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

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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 the LACCD Center permission to verify all information provided.

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Family Group Color

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative's/Director's Signature

\_\_\_\_\_  
Date